

JIMMA UNIVERSITY

COLLEGE OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIOLOGY

**OPPORTUNITIES AND CHALLENGES OF CHILD PROTECTION PROGRAM IN
RESPONDING TO CHILD MALTREATMENT: THE CASE OF ONE STOP CENTER
AT JIMMA UNIVERSITY MEDICAL CENTER, JIMMA CITY, OROMIA**

BY

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Maltreatment: The Case of One-Stop Center at Jimma University Medical Center, Jimma City,
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Declaration

I the under signed, declare that this MA thesis entitled: “Opportunities and Challenges of Child Protection Program in Responding to Child Maltreatment: The Case of One-Stop Center at Jimma University Medical Center, Jimma City, Oromia”. To the best of my knowledge this thesis is my original work which has not been published by other person. All source of materials used for this thesis have been duly acknowledged.

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Lists of Acronyms

ACPF	African Child Police Forum
CRC	Convention on the Rights of the Child
CCC	Community Conversation Committee
CSOs	Civil Society Organizations
DCS	Department of Children's Service
DRC	Declaration of the Rights of the Child
EHRCO	Ethiopian Human Rights Commission
FDRE	Federal Democratic Republic of Ethiopia
ICCPR	International Covenant on Civil & Political rights
ICESCR	International Covenant on Economic, Social & Cultural Rights
LON	League of Nations
MOLSA	Ministry of Labor and Social Affairs
OSC	One Stop Center
UDHR	Universal Declaration of Human Rights
UN	United Nation
UNICEF	United Nations Children's Fund
VAC	Violence Against Children

Glossary

Afooshaa	Association that support both financially and psychologically at the time of emergency
Ganda	The smallest unit of administrative structure in the country
Ikub	Traditional Saving Mechanism
Jaarsummaa	Traditional way of conflict resolution
Mahiber	Religious association that is celebrated monthly among Christians

Abstract

The notion of protecting the rights of children has got little attention throughout the world till the ratification of the CRC. Following the ratification of CRC, many African countries including Ethiopia applied system approach to ensure the protection of child right and protect child abuse. Despite the fact that academic study of the social, economic, political and cultural challenges of the system approach to responding to child maltreatment is important. Child maltreatment still remained complex problem with no single cause and no single solution Therefore, this study was conducted to explore the challenges and opportunities of child protection program in responding to child maltreatment with particular emphasis on one stop center (OSC) at Jimma university medical center, Jimma city, Oromia. The main objective of the study is to investigate challenges and opportunities of child protection program of OSC in Jimma University medical center. The ecological system theory is used as a theoretical framework to guide the study. Purposive sampling technique was used to select the study participants. Likewise, a qualitative research method was employed to collect data. The findings of the study were analyzed using thematic analysis. The result of the study show that, there were good start in creating platform at one stop center of Jimma University Medical center to provide different services including medical services, psycho-social support and legal aids with free charge to victims of child maltreatment. In addition, child protection program is working on strengthening social protection of children though awareness creation. However, this study revealed that, enormous challenges faced the child protection program/system at study area. These challenges includes; lack of government budget, poverty in the community, low economic status of family, cultures, social norms, values, beliefs, and socialization which support violence. Finally, based on the finding of the study, it is concluded that the different mechanisms such as: building self help group, community approach, media campaigns should be devised by the One Stop center Child Protection program to cope with challenges face child protection program/system response to child maltreatment at study area.

Key words: Child protection, Child protection Program, Child-maltreatment, One-Stop Center

Chapter One: Introduction

1.1 Background of the Study

Some scholars and organizations categorize child maltreatments as physical, sexual, emotional abuses and neglects. Child maltreatment or abuse is global, systematic and rooted in power imbalances and structural inequality between abuser and abused (UN, 2006). Globally, one billion children, over half of all children aged 2-17 have experienced physical, sexual and emotional violence, as well as, close to 130 million children aged 13 to 15 were experienced bullying. Worldwide, around 15 million aged 15 to19 children experienced forced sex in their life time; 9 million of them were victimized in 2016 (UNICEF, 2017).

Even though the data on violence against children in Africa is on its emerging stage, the large scale survey in Swaziland, Zambia and Kenya indicate that the levels of child maltreatment is high with generally 1 in 3 girls and 1 in 5 boys suffering from sexual violence before 18 aged (Reza, 2009).

In Ethiopia and elsewhere, children are highly exposed for abuse, neglect and exploitation but some abuses are highly gender based. Around 7.5 million children are estimated to be found in Ethiopia most of the children have no educational opportunities. Because, they are engaged in child labour, girls are more vulnerable than boys and they represent 54 % of the school population. Girls work in the household, and house based work is often vital for survival, although their work is largely invisible and unvalued (Debebe &Azeb, 2015).

According to the study conducted by African Child Policy Forum (2014), half of children in Ethiopia experienced physical punishment from family members, 12.1 % percent of them also face negligent treatment yet. In addition, the study conducted by ACPF (2015), demonstrates that more girls than boys do housekeeping work, while more boys than girls participate in income generating activities. The case of child domestic workers deserves particular attention. Also, female child domestic workers have the longest working hours more than 49 hours a week, and higher in the country. Moreover, the abuse of the children is a broad range in nature from physical extends to emotional abuse. According to Vaibhave (2009), psychological and emotional abuses consist primarily of verbal behavior that terrorizes, humiliates the victim. Depriving children of normal contact with other person is a form of psychological abuse.

In fact, child maltreatment (various abuses and violence's) faced by children have now become rampant. The ever increasing child maltreatment from time to time, gave rise to the emergence of various formal child protection systems and organizations. Formal child-saving movements have got birth in nineteenth century when the legislation that protects child right has developed in different parts of western world (Rai, ND). Particularly, as consequences of WW II (the Second World War) an agreement was reached that child protection is an international concern and all individual allowed to acquire basic human dignity by virtue of their humanity and that certain human rights are universal and fundamental irrespective of their sex, language, religion, ethnic and racial backgrounds. This resulted in the Universal Declaration on Human Rights (UDHR). However, for the rights of the children were implicitly addressed in UDHR, many challenged that the special needs of children justified an additional separate document. As a result on its formation after WW II (the Second World War) the UN accepted the "Declaration of Geneva" which is developed by the International Save the Children in 1923 and restructured the declaration in 1959 (Webb, 2014).

The unquestioned supposition that children could and should depend upon the sole protection of adults to make sure the exercise of their right was reflected in the 1924 Declaration of the Right of the Children (DRC) and continued to be reflected in the 1959 DRC as well as in many of the public and private international law convections enacted in the 1900's and the first half of the 1970's (Kibuka, ND). However, the coming of the major international convection on children's right in i.e. CRC and its ratification shows government's dedication in order to implement the rights of children listed in the convection. The convection is a comprehensive document dealt with civil political, social, economic and cultural rights of children. This convection also enhances the protection of children, their participation in the societies in which they live, and the provision of services and care. Article (43-54) indicates what states and the UN supposed to do in order to make sure these rights are available to children (Gran & Bryant, 2011). Thus, the convection not only outlines the rights of children, but also those who are entrusted for the protection of these rights or implementation of the convection.

However, states are the primary responsible body for the protection of children. Accordingly, in order to ensure the existence of more effective and efficient child protection response a number of countries in Africa are now actively promoting various systems of protecting and

strengthening children's wellbeing (Davis, 2011). Child protection system encompasses a cycle of preventive, protection and curative response mechanisms. Ideally, government bodies are accountable for setting standards, availing or delivering, supervising and improving child protection services. Even though, these days there are also a number of non-governmental organizations and institutions which have been engaging in the provision of these services in order to supplement or fill the gap governments could not fill mainly due to lack of capacities to do so. Therefore, there are currently seven organizations in six countries of Africa (Zambia, South Africa, Kenya, Malawi, Zimbabwe, Ethiopia and Senegal) partnered with the population council to implement the comprehensive OSC model for child protection part or in whole.

To increase access to care and support, many countries in the region have invested in improving the quality and quantity of services offered in public institutions. An increasingly popular strategy for doing this has been through the establishment of one-stop centers' (OSCs), which is one of the components of child protection program and provides integrated, multi-disciplinary services in a single physical location – generally, a medical facility. The basic services forming the core of the OSC model implemented in East and Southern Africa (Keesbury & Askew, 2010).

Thus, this comprehensive OSC model was started in Ethiopia specifically at Gandhi Memorial hospital in 2008 and also expanded to Adama general hospital and Jimma University Medical Center in 2013. The aims of OSCs are to responding child maltreatment thereby minimizing secondary victimization. Responding child maltreatment including prevention, protection and provide timely and comprehensive legal, medical and counseling services to survivors of violence (Kidist, 2019).

Like other service providing institution, the One-Stop Center (OSC) at Jimma medical center is situate in a social, political, economic and cultural settings which may act as challenges and opportunities for its activities. Understanding of these challenges and opportunities based on factual or empirical evidence based information is important both from the practical and academic point of views. Therefore, aim of this study is to scrutinize the challenges and opportunities of OSC in Jimma medical center.

1.2 Statement of the Problem

Few years have been passed since comprehensive services model is applied in different countries in Africa to reduce the plight of children across the continent (UNICEF, et al. 2017). However, violence against children remains unacceptably high. Regardless of the progress in legal reform, development and implementation policies and programs, children in Ethiopia are subjected to unacceptably high levels of physical, emotional and sexual abuse. Almost, half of the children in Ethiopia experienced one of the types of violence against children (ACPF, 2014).

Laws are bases in order to protect human rights, particularly child rights for they describe individual rights and obligations on the one hand and the nature and limits of the state action on the others (ACPF, ND). There has been progress in terms of ratifying and developing legal instrument in Africa in order to protect child rights. While many countries have matched/adapt International laws and Conventions to their national laws to respond to child maltreatments in their contexts, others are in the process of doing so. Since these laws are of limited use without proper implementation mechanism the other encouraging progress in Africa is the move to ensure (monitor) their implementation. Moreover, almost all African countries have National Human Rights Institutions that also address human rights including that of children (ACPF, 2013). In the same manner, since the ratification of CRC in the 1991 Ethiopia has carried out several activities of strengthening legal and institutional framework in order to ensure protection and promotion of the rights and welfare children (MOLSA, 2005).

The One-Stop center (OSC) is child protection program being implemented in the country to protect children from maltreatment and ensure their rights through awareness creation in the community, launching different self help group and providing different services to maltreated services. The successful implementation of a given institution/ program mainly depends on the contextual challenges and opportunities in which it is found. Thus, understanding the social, economic, political and cultural environments which act as challenges and opportunities for an institution, organization or a program is important from practical and academic points of views. Contrary to this, the issue is often neglected. This is particularly true for child protection institutions/systems in Ethiopia including One-Stop center (OSCs). The available studies on child maltreatment in Ethiopia and elsewhere mainly dealt with the magnitude, trend and gender dimension of the problem (Debebe & Azeb, 2015), the types of abuses and the perpetrators,

(ACPF, 2014) and its consequences (Vaibhaveetal. 2009). The other study also conducted by Rebecca Davis and Jim McCaffery (2012), on strengthening child protection system in Sub-Saharan Africa. In addition, the study conducted by Mistire (2016), was focused on explore forms and trends of violence against children. It also, attempts to identify the socio demographic background of perpetrators of violence against children and challenges to law enforcing institutions in child abuse.

In other word , the past study in child protection have concentrated on a number of issues like abuse, violence, exploitation, alternative care, child trafficking and child labor. However, the studies have failed to address giving attention to the opportunities and challenges of child protection system to response child maltreatment. The concentration on the above mentioned issues without understanding their association/linkage to the overall system, and to an endless list of contextual risks and assets resulted in ineffective programming, which is neither sustainable nor genuinely, capable to address all children who are need of protection. Such approach created a fragmented and unsustainable child protection response (Davis, 2012). But, strengthening child protection systems also need attention to legislative reform, institutional capacity development, planning, budgeting, monitoring and information systems, as understanding well as the challenges and opportunities of the institutions/organizations/programs(UCEF Child Protection Strategies, 2010).

Therefore, this study attempts to fill this gap by analyzing the challenges and opportunities of child protection program to response child maltreatment in a comprehensive manner with particular emphasis on One-Stop center (OSCs) in Jimma University medical center.

1.3 Research Questions

In this investigation of opportunities and challenges of child protection program of OSC in the study area, the researcher will be answer for the following questions:

1. What types of services are provided by child protection program at One-Stop Center?
2. What opportunities are there to strengthen one stop center for responding to child maltreatments in the study area?
3. What challenges One-Stop Center facing in responding child maltreatment in the study area?

1.4 Objectives of the Study

The study was conducted to satisfy the following objectives.

1.4.1 General Objective

The general objective of this study is to investigate opportunities and challenges of OSC in Jimma University medical center in implementing its support activities for maltreated children.

1.4.2 Specific Objectives

The specific objectives of the study are:

- to find out the supports provided by OSC in Jimma University medical center to maltreated children
- to identify social, economic, political and cultural opportunities for OSC in the study area
- to identify social, economic, political and cultural challenges to OSC in the study area
- to investigate the mechanisms that have been used to overcome the challenges to OSC's effort to support children who are victims of violence in the study area

1.5 Significance of the Study

The research will be hopefully assist governmental and nongovernmental organizations working on child right and welfare to adjust their intervention strategies based on the gaps observed in the findings of the study. It will also advocate for reviewing and enhancing the existing legal and institutional framework for addressing child maltreatment. Above all, the findings of the study will be served as a spring board for other researchers to carry out a detailed study on the area under investigation.

1.6 Scope of the Study

The scope of the study area delimited to OSC of Jimma University Medical Center, Jimma city administration. The study population purposefully delimited to the service providers at one stop center who are deployed by different governmental organization such as, prosecutor, health professionals, child and youth affair expert, social worker, investigator police officer, social affair, community conversation committee members, and community leaders. Methodologically,

this study employed qualitative research. The purpose of this study was to investigate the child protection systems opportunities and challenges of OSC in Jimma University Medical center.

1.7 Limitations of the Study

This study was not without limitations. This study has at least the following limitations: First, methodological limitation which is only qualitative approach was employed for this research. Second, survivors of child maltreatment less than 14 years old were not participated.

1.8 Organization of the Study

Including introductory part, this study is organized in six chapters. The first chapter is introductory which includes; background, the statement of the problem, objectives, scope, limitations of the study and definition of terms. The second chapter deals with concept of child protection systems and also, theoretical model adopted for this study. In addition, child protection legal frameworks and policies were deeply discussed under this chapter. The third chapter demonstrates research methods including, study setting, study design, sampling techniques, method of data collection, method of data analysis, and ethics of the study and data quality assurance. The fourth chapter concentrates on presentation of the findings of the study. The fifth chapter deals with the discussion of the findings of the study. The final chapter is deals with conclusion and recommendations.

1.9 Definition of Terms

Child: Any human being below the age of eighteen years (Article 1, Convention on the Right of the Child).

Child maltreatment: It includes all physical, sexual and emotional abuses resulting in actual harm to the child's health, survival, and development (Krug, 2002).

Child protection: Include philosophies, policies, standards, guidelines and procedures to protect children from intentional and unintentional harm (UNICEF, 2008b).

Child sexual abuse: on one hand, engaging in sexual activities with a child who, according to the relevant provisions of national law, has not reached the legal age for sexual activities. On the

other hand, engaging in sexual activities with a child where use is made of coercion, force or threats (Article 18, Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (Lanzarote Convention)).

Child sexual exploitation: Child sexual abuse becomes sexual exploitation when a second party benefits monetarily, through sexual activity involving a child. It includes acts such as sexual solicitation and prostitution of a child or adolescent and, in the Council of Europe Convention, covers situations where a child or other person is given or promised money or other form of payment or consideration in return for the child engaging in sexual activity, even if the payment is not made (Lanzarote Convention).

Exploitation of a child in pornography: Any representation, by whatever means, of a child engaged in real or simulated explicit sexual activities or representation of the sexual parts of a child, the dominant characteristic of which is depiction for a sexual parts of a child, who has not reached the legal age for sexual activities, to witness abuse or sexual or sexual activities, even without having to participate (Article 2(c), optional protocol to the CRC of the child on the sale of children, child prostitution and child pornography (OPSC); Lanzarote Convention).

Neglect: The failure of parents or care givers to meet a child's physical and emotional needs when they have the means, knowledge and access to serves to do so; or failure to protect children from exposure to danger. Neglect includes failure to provide for the child's physical, emotional, health and educational needs and child abandon men (Pinheiro, 2006; General Comment 13 of the CRC Committee).

Prevention: Stopping child sexual abuse and exploitation before it occurs (WHO, 2002).

Chapter Two: Review of Related Literatures

2.1 The Concept of Child Protection Program

Child protection and child protection Program are the concepts which have common goals. These, two big concepts are understood in various ways by different organizations and scholars. Child protection is defined as preventing and responding to violence, exploitation and abuse against children, including sexual exploitation, child trafficking, child labor and harmful traditional practices such as female genital mutilation/cutting and child marriage (UNICEF, 2006). Also, save the children define child protection as a measures and structures to prevent and respond to abuse, neglect, exploitation, and violence against children (Save the children, 2010). Thus, the definition indicate as child protection is taking measures in order to make sure that children's right are not subject to any harm. Moreover, the concept of child protection as taking measure in order to protect the rights of children can be understood from the perspective of the CRC that draws the human rights to be respected and protected for every child under the age of 18 years. Thus, since child rights protection depends on the level of implementation of the convention via taking measures the convention not only recognizes these rights to be protected, but under article (4) it also draws their appropriate implementation measures so as to protect the rights of children (Oladiji, 2012).

Accordingly, since one way of promoting child rights so as to enhance their protection is giving training for those who are taking part in the implementation process of the CRC, the training should have to be the appropriate one i.e. first; training and capacity building needs to be systematic and ongoing initial training and re-training. Second, in addition to assessing the knowledge of trainees on the Convention and its provisions based on the training given there should be an assessment on the extent to which it has contributed to build attitudes and practices that actively enhance the enjoyment by children of their rights i.e. there should be a continuous assessment of the effectiveness of training both theoretically as well as practically (UN, 2003).

On the other hand, there is no currently internationally recognized definition of a system approach. Although, based on the emerging consensus in the sectors child protection is defined as a comprehensive, interactive and sustainable series of functions and structures including justice systems, health centers, social affairs, gender children and youth affairs and so on,

provide services at all levels within a country to preventing and responding to all forms of violence against children in the country. The definition recognize that both formal and informal elements make up a child protection system and that to be truly effective, a range of different actors and components needs to work together, in a coordinated and complementary manner to ensure consistent, predictable and effective protection for children (Plan Global Strategy, 2015-2020).

As it's well known, child protection system encompasses a cycle of preventive, protection, and response mechanisms. Although the government bodies are responsible to ensure the services, as well as for standard setting so that they are appropriately delivered and such services can be assessed and improved. At an organizational level, a child protection system is building blocks to ensure that the system is possible. The child protection system mandates the provision of specific capacities such as; human resources, funding and infrastructures which can be utilized appropriately to help achievement goal of the system, and hence ensure children are not harmed and are protected in all setting. This will require strengthening these blocks of the child protection system which are essentially the human resources, communications and data handling, services, financial resources as well as stewardship. Strengthening these blocks will lead to better prevention, protection and responses to violence against children and eventually better outcome for them (A call to action, 2013).

The establishments of “One Stop Center” are part of ensuring child rights by preventing and responding violence against children. To increase access to care and support children who are survivors; including Ethiopia many countries have invested in improving the quality and quantity of services offered in public institutions. Theses “one stop centers” (OSCs) provide integrated, multi-disciplinary services in a single physical location-generally in a medical centers.

To enables children the access to care and support, many countries in the region have invested in improving the quality and quantity of services offered in public institutions. An increasingly popular strategy for doing this has been through the establishment of one-stop centers (OSCs), which provide integrated, multi-disciplinary services in a single physical location – generally, a medical facility. The basic services provided at OSC encompass health care, police and justice sector responses and on-going social support. Those services are often provided within the

context of a health care institution, due to the highly medicalized nature of the initial, emergency response services. However, a number of variations exist; at the core of this approach is a system of integrated medico-legal and counseling services. This component of child protection program can be physically co-located and/or can consist of a referral network that ensures access to other essential services. The concept refers more to a system than to a single physical entity. That means, all services medical, legal and psycho-social needs are addressed under one roof. According to (Radford, Allnock, Hynas, ND) all services are intended to meet the dual objectives of improving care and support for the survivor and increasing prosecution of the perpetrator where this endeavor aligns with the wishes of the survivor. Therefore, OSCs offer the opportunity to assess services offered to survivors from initial contact at the centers to the medium-and long-term health and legal outcomes.

2.2 Challenges of child protection program

2.2.1 Social and Cultural Challenges

In fact those, child protection programs have been challenged by cultural and social norms across the globe. Those cultural and social norms are highly influential in shaping individual behavior including violence against children. As a result, social tolerance of violent behavior is learned in childhood through, corporal punishment or witnessing violence in Family. For instance, in most countries of the world: children have low status in society and family. Also, females have less valued than male. Even, physical punishment is an acceptable or normal part of child rearing. Further, communities support traditional harmful practice such as genital mutilation and child marriage.

2.2.2 Economic Challenges

In less developed countries, especially sub-Saharan the problems of the children are tremendous due to various reasons like poverty. Also, the age long traditional practices that give less attention for children, ultimately downgraded the best interest of children are great challenges of child protection programs. Therefore, cultures and social norms are challenges the child protection programs/systems at different levels of communities (WHO, 2009).

Furthermore, poverty can be affecting the child protection programs/systems in both prevention and responding child maltreatments. In developing countries, different pandemic including HIV/AIDS have changed the social structure of society with orphans and children infected by the diseases becoming more common. The poverty that face Africans negates against any realistic prospect of effective child protection services being developed. Due to family poverty and helplessness child labor continues to be an issue in developing countries. Besides, family poverty, child labor, and so on, the children are ill treated till today (peter, 2002).

2.2.3 Political Challenge

In Ethiopia, the problem of child maltreatment and abuse has been rampant, prevails in all communities and settings. It threatens almost all children and happens to most children in its varied forms. It has been aggravated by complex factors such as lack of political commitment for implementations of signed and adopted human rights instruments mainly CRC and different conventions, illiteracy, violent conflicts and war, harmful traditional practices, and absence of proper systems for birth and death registration and certification. Although, state of the aggravating factors has come to gradually improve. There is no clear evidence whether the general trend of the problem is declining (Deda, 2011).

2.3 Theoretical Framework

For the purpose of the study, Ecological system theory is the focus of discussion as a theoretical framework. Thus, in this section, how this theory is contributes to opportunities and challenges which are barriers at different stage of intervention of stakeholders which acts as favorable environment will be discussed.

2.3.1 Ecological System Theory

The Ecological system theory helps us to grasp human behavior as the outcome of reciprocal interactions between human being and the environment. According to this theory, the nature of interactions among individuals, family or groups that make up the system that should be studied to understand how to insure child rights as well as building child protection system blocks (Straus, 1973).

Accordingly, there must be a holistic response to child protection that recognizes the duties of all peoples at all levels in terms of respecting child rights in all situations without discrimination. Improving the safe environment where children's rights are regularly respected needs insuring that children grow up in an enabling every components of its' contributes to the protection of children and where every actors does his/her part (UNICEF, 2004). Concerning this environment, the ecological systems theory environment as context of development i.e. as to how a system (components) in child's environment contributes to their protection and also how it affects their growth and development. The principle of system theory proposes different levels for understanding this environment. These are labeled as the micro systems, meso systems, the exo-system and macro system (plan India, 2008). The micro system layer, the smallest of the contexts in which the child is surrounded. Thus, the layer consists of the environment where the child lives, play and moves. The peoples and institutions the child interacts the peoples in that environment result the micro system. The meso-system layer associates to the interactions the people in the micro systems have with each other. The exo-system layer is the wider context for it associate with the larger community in which the child lives. For instance, the exo system layer consists of extended family, family networks, mass media, work places, neighbors, family friends, community health systems, legal services, social welfare services. The outer layer, called the macro system consist the attitudes and ideologies, values, laws and customs of a particular culture.

Also, the main intends of a systems approach are "to strengthen the protective nature of the situation around children and to strengthen the child themselves, in order to ensure their wellbeing and fulfill their rights to protect from abuse, neglect, exploitation, and other forms of violence. In addition, system approach assert the responsibility of states to guarantee the care and protection of children, through respecting, protecting and fulfilling the rights of children's listed in the CRC and other international human rights instruments (Forbes, 2011). Moreover, a system theory suggests that by understand about each and every other component parts of the system, and by analyzing how these interact or related with each other, intervention can be applied in one part of the system that will have considerable effect on another part of the system (Stevens & Cox, 2008).

Mostly, the analysis and programming in child protection have concentrated on a number of issues like abuse, violence, exploitation and neglect, alternative care, justice for children, child trafficking, and child labor, but it has shortcoming. Concentrating on the issues without understanding as to how they associate to overall system, and to an endless list of risks and assets resulted in ineffective programming, which is neither sustainable nor genuinely capable to address all children who are in need of protection. However, being guided by the CRC, the system approach deviates from earlier child protection efforts, which have concentrated on single issues in the past (Wulczyn, 2010). As a result governments are employing systems approach in the establishment and strengthening of child protection systems for a single issue approaches created a fragmented and unsustainable child protection response (Devis, 2012). However, strengthening child protection systems also need to give attention the challenges that act against and the opportunities that act as facilitator to ensure the proper implementation of child protection institutions and programs like OSC using the same analogy to understand human behavior through the theoretical lens of system theory. That means the same analogy can be applied to understand the contextual environment that may act as challenges and opportunities to understand performances like OSC. Some of these system environments include legislative reform, institutional capacity development, planning, budgeting, monitoring and information system (UNICEF, 2008).

Moreover, child protection systems are made up of a collection of different components that are organized around a common goal. This goal provides the strategic direction for system strengthening activities and articulates how the different components of the system fit together and reinforce each other. Also, child protection system is characterized by specific sets of functions, structures and capacities via these define how the system will operate in practice on a day to day basis. Accordingly, different components of the system are constantly interacting with and influencing each other. For instance, changes in financial resources will have an impact on the kind of services that provided the standards or guide lines that regulate these services, and the roles and responsibilities of the different actors involved. That means the response to child maltreatment needs interrelated and interdependent of different governmental organizations. These types of comprehensive services model which support children who are survivor violence against children is called one stop center. Therefore, the system theory can explain the these

types system approach in child protection, because similar to system in society of this theory one stop center is built from different perspectives and also the professionals collected from medical center, court, justice office, police officer, and so on.

Accordingly, there should be legal and institutional measures in order to protect the rights of children effectively in Ethiopia. Due to this fact system theory, that intends to strengthen the protective nature of the environment via intervention or taking measure on a component and also that argue the responsibility of states to guarantee the care and protection of children, through respecting and fulfilling children's rights outlined in the CRC is chosen as a theoretical framework to analyze the challenges and opportunity of child protections to response child maltreatment of OSC in Jimma University medical Center.

In general, the principle of system theory proposes for understanding of challenges and opportunities in responding child maltreatments taking in to account the smallest social interactions within primary relationships (micro system); and the relationships individuals with local community as well as their social networks (Mezzo level); the interaction of individuals with the upper level of bureaucracy including values, cultural ideals and concerns of society on a large scale (macro system) (Hutchison, 1999).

2.4 International Child Protection System and Legal Frameworks

The impact of Hebrews, Greeks and Romans culture on western society let children to be taken for granted by their parents and the patriarchal society at large. As result of this, they were considered as objects of intervention rather than as legal subjects who has right. However, child-saving movement has got birth in the nineteenth century where those legislation that protect the child rights has developed in different parts of the western world (Rai, ND: 1&3). Accordingly, the 1904 International Agreement for the suppression of "white slave traffic" is one of the first Conventions that specifically address children as group. Moreover, with the establishment of League of Nations in 1919 international child rights protection has got further impetus. After, a decade of its establishment, LON has ratified the International Convention for the Suppression of Traffic in Women and Children 1921, Slavery Convention and also the 1924 DRC, on which the 1959 DRC clearly built upon. However, since the earlier international agreements had only concentrated on particular problems affecting children such as working conditions and slavery

the landmarks towards the international norms concerning the global protection of children was marked with the coming of 1924 DRC (Hodgson, 2009).

Beside, nowadays the coming of UN has resulted considerable success in terms of enacting a comprehensive set of international human rights for children (Hodgson, 2009). Indeed the UN legal framework including the basic human rights instruments has already recognized these rights. For instance, the so-called International Bill of Human Rights contains abroad set of human rights also address children, and many of its principles are reflected and validated in the children-specific legislation. However, specifically vulnerable groups such as women and children have been granted special protection by the UN legal framework. In this regard the most notable UN manifestation to advance children's rights is the CRC (Ruppel, ND). The convention has carved out the aspects of children's rights that are being promoted over the last number of years (Hayas, 2002). Primarily CRC addressed four aspects of children's rights "the four 'P's": participation by children in decisions affecting them; protection of children against discrimination and all forms of neglect and exploitation; prevention of harm to them; and provision of assistance to children for their basic needs (Stern & zeldin, 2007). However, children's rights are usually categorized into three aspects that are called "three P's": Protection rights, Participation rights and provision rights (Brems, 2007).

2.4.1 United Nations and Child Rights Protection

As result of the League of Nations in ability to avert another world war the II World War has surrounded the whole planet and caused great suffering for non-combatants, particularly children. Then, in 1945 UN handed over the League of Nations and enacted 1959 DRC on the November 20 at the international level. However, before the enactment of the 1959 DRC in 1948 UNGA enacted UDHR (Bhakhry, 2006). As demonstrated in its preamble the UDHR is a "Common standard of achievement for all people and all nations". The declaration further states that, "All Human beings are born free and equal in dignity and rights. They are endowed with the reason and conscience and should act towards one another in the spirit of brotherhood". Thus, since it proclaims the inherent dignity, equal and inalienable rights of all human beings as the foundation of freedom, justice and peace in the World it embodies more measures to protect the

children, throughout a “common standard” of achievement for all people and all nations .i.e. naturally the standard set forth includes children (UDHR, 1948).

However, all of the provisions of UDHR address children implicitly, only two of them explicitly address children. Firstly, Article 25 states that “Motherhood and childhood are entitled to special care and assistance”, and adds that “All children, whether born in or out of wedlock, shall enjoy the same social protection”. Secondly, in article 26, which deals with the right to education, provision is made to ensure that “Parents have a prior right to choose the kind of education that shall be given to their children” (Ibid, 1948). Thus, when the UDHR was ratified, it was understood as children’s rights had been taken care of on the whole.

Even though, the first UDHR does not clearly show the idea of children as holders of rights but it solely captures attention to their needs for the special protection (Ofodile, 2010). Second, even after its ratification children had less power in the society and across the globe they were left more disempowered and victimized by human rights violations than the citizen (Oladijietal. 2012). Thus, the UDHR was not found to be fully ample to deal with the situation of children in the post-second World War era. Children were accepted as a particularly vulnerable group, who need specific measures towards their protection or in terms of providing rights that would ensure their full and healthy development. In line with, its assertion that child due to his physical and mental immaturity needs special safeguards and care, including appropriate legal protection before as well as after birth the UNGA enacted standard of ten principles for the protection of children based upon the 1924 DRC (Walsh, 2011). Consequently, one of the key principles of the DRC is that “special protection against all forms of neglect, cruelty and exploitation in order to enhance the child’s physical, mental, and social development. Moreover, right to equality without discrimination on the ground of race, religion or national origin, the right to name, nationality, educate nutrition, housing, medical services, special education and treatment when a child is physically or mentally handicapped, the right to understanding and love by parents and society, recreational activities and free education, be among the first to receive relief in all circumstances and brought up in a spirit of understanding, tolerance, friendship among peoples, and universal brotherhood are also the rest principles of the DRC (Declaration of the right of the Children, 2014). Accordingly, the 1959 DRC proclaimed numerous rights to children based on

the assertion that humanity owed to children the best it could offer them. Moreover, the source of the principle of best interest of a child is this Declaration (Omondi, 2014).

Furthermore, the ratification of DRC by UNGA General Assembly was indeed essential step towards the international respect of the right of the child because as Cicculli indicated the 1959 DRC specifically calls upon voluntary organization and local authorities to struggle for the observance of children's rights (Cicculli, 2012). On the other hand, it is a serious attempt to provide the detail of what constitutes children's overriding claims and entitlements. Moreover, unlike 1924 Declaration for the first time, the character of the child removed from the language used and was replaced by 'he' and 'his' i.e. as compared to the wording of 1924, the child was now clearly accepted as subject of law with specific rights (Oladijietal. 2012). Finally, the principle 5 of the 1959 Declaration bring into fore the concept of affirmative action for the handicapped child. And also principle 9 added a general proscription on all forms of neglect cruelty and child traffic, as well as calling for a minimum age for employment and prohibition on any employment which would jeopardize the child's health, development or education (Hodgson, 2009).

The 1959 declaration marked the move towards making children more visible as a population (Hayes, ND). Accordingly, the Declaration is considered as landmark in improving a basis for a right-based protection of children (Munyao, 2010). Beyond this, the wide acceptance in 1959 of the rights recognized in the declaration is considerable step towards their legal recognition in the CRC of 1989 after 30 years (Hodgson, 2009). However, the Declaration did not have any recognition to the autonomy or wishes and feelings of children, nor any approval to their empowerment for it considers them as pure investment (Bhakhry, 2006).

Generally, Declaration of 1959 fundamentally reaffirmed and expanded the provision of the 1924 Declaration and realized the provision of UDHR in more specific manner. Even though, to give legal force to the provisions of the UDHR the UN again ratified twine International covenants on Human Rights in 1966, namely ICCPR and ICESCR (Hodgson, 2009). Accordingly, the ICCPR and ICESCR implicitly address the rights of children in there several provisions. ICCPR under its several provisions refer those terms like 'juvenile', 'children', or 'child'. However, article 24 is the most comprehensive provision that talks about the rights of

children. Article 24 (1) stated that irrespective of any ground like race, color, sex, language, religion, national or social origin, property or birth weather as every child shall have the right to the necessary measures of protection due to his/her status of minor. Article 24 (2 & 3) also indicates as every child shall be registered right away after birth and shall have a name as well as nationality (ICCPR, 1966). Similarly, ICECR under article 10, 12, and 13 talks demonstrates the rights of child explicitly. The most comprehensive provision i.e. article 10 (3) suggests that without any discrimination on the basis of parentage and other condition special measures of protection and assistance should be taken on behave of children and young people. Moreover, they have to be protected from economic and social exploitation. Therefore, their employment in this works of harmful to their moral, health and normal development should be accountable before the law. It also, suggests that states should set minimum age below which the paid labor employment of child is punishable by exploitation (ICESCR, 1966).

In general, those 1966's twin Covenants that has gave legal force to the provision of 1948 UDHR as well as 1959 DRC and also that are being used to children implicitly or explicitly is considered as vital development in international legal protection of children (Hodgson, 2009). Though, children are endowed to the protection of these international human rights instrument their rights have got formal and explicit acknowledgement recently due to the ratification of CRC in 1989 (Harvey, ND). Accordingly, with the ratification of CRC in 1989 new era in the history of children's rights has (Lenzer, ND).

2.4.2 The convention on the Rights of the Children

Another, convention CRC was ratified in 1989 by UN General Assembly and come into force. The CRC is complete announcement of child rights ever made i.e. it is the first UN Human Rights instrument since the UDHR which brings together as inseparable the full range of civil and political rights, and economic, social and cultural rights. In addition, as stated in the preamble the Convention asserts the facts that children due to their vulnerability need special care and protection and it also adds as families, states independently or in cooperation are responsible for caring and protecting children due to their children. Thus, the Convention is a set of international standards and measures intended to protect and promote the well being of children in society (Barnados, 2008).

Furthermore, the convention clearly declared the rights of children to the participation in decisions affecting their own destiny; to the protection against discrimination and all form of neglect and exploitation; the prevention of harm and the provision of assistance for their basic needs (Gajurel, 2007). Accordingly, the CRC demonstrates the rights of children in detail and declares as children do not only need care in peace time but from the violence during armed conflict (Harju, 2013). The CRC outlines not only the rights of children to be protected but, also outlines the obligations of signatory states in protecting the civil, political economic and social rights of children (Walsh, 2011). Moreover, the convention to be more than only idiom, its implementation by the states parties must have to be monitored (Hayes, 2002). Thus, in addition to their obligation to implement the substantive provisions of the CRC via taking measures, each estate party is under an obligation to submit regular reports to the committee on the rights of child (Oladijietal. 2012). Accordingly, under article 44 of the convention, states parties are supposed to submit national reports to the committee on the rights of the child describing as to what measures are being taken in order to implement the convention (Hayes, 2002).

In addition to national reports in its evaluation of a country's performance the UN committee also receive reports of relevant NGOs. This enables the committee in order to evaluate governmental reports in the light of information presented by the NGOs sector. And also, after evaluating the reports of the committee forwards a 'lists of issue' to concerned body. This lists shows specific issues, under the different articles, where further information is needed. Governments are supposed to list, in writing, to the committee one month in advance of the plenary hearing. At the plenary hearing the committee reviews the country's national report and, using a question and answer format, analyses the country's progress in implementing the convention. A statement of the committee's finding and recommendations for action are then delivered to the country as concluding observations (Ibid, 2002). In general, "today the CRC is the most internationally accepted human rights treaty in history; create an 'age of rights' for children" (Todres, 2014). Accordingly, the convention declares as children's rights must be promoted as well as protected and also places the responsibility for these parents and states (Hayes, 2002).

2.5 Legal Frameworks for the Child Rights in Ethiopia

According to Getahun (2007), written constitution has been successively enacted in Ethiopia since 1931. Although, the constitution was not clarified and contained many of the elements that were included in the traditional codes governing the relationship between crowns and subject i.e. it declared Ethiopia a constitutional monarchy, headed by a monarchy who has got his ancestry from King Solomon of Jerusalem (Keller, 2010). Accordingly, since citizens were subjects of Emperors the constitutional recognition of fundamental rights of a person was the total result of the formation of a modern Ethiopia and the pressure which the international community put on it (Alemayehu, 2010). The same to that of the 1931 constitution the tradition of claiming the mythical descent, the so-called solomonic tradition was included in the 1955 Ethiopian constitution (Beken, 2007). Accordingly, as an effort to end this royal absolutism another version of constitution was formulated in August 1974 (Keller, 2010). Although, the changes that took place were too little as well as late, as a result, the regime disbanded and the constitution easily aborted (Endalcachew, 2014). Again in the 1987 constitution of Derg, which is promulgated after 13 years constitutional lacuna the idea of human rights was rarely considered as entitlement. According to (World Vision, ND), the constitution was demised by the liberationist struggles that continued till 1991 i.e. till the fall of the Derg and the new regime endorsed the Transitional Character which served as constitution of Ethiopia for the time of the transition. Then after a prolonged transition, a Federal Democratic Constitution was enacted in 1994 and came into force in 1995 (Tsaye, 2009). The 1995 FDRE constitution demonstrates a major transformation in terms of human rights as compared to the former constitutions (Adem, 2011).

Accordingly, article 36 of the constitution recognizes the rights of all children to life, to name and nationality, and to know and be cared by their parents, to be protected from exploitive practices. Further, the constitution prohibits the infliction of corporal punishment or cruel and inhumane treatment in schools and other institutions entrusted for the care of children as well as the accommodation of children in conflict with the law together with the adults. It also focuses on especially protection of orphan's children. Moreover, article 36 (2) articulates the principle of the best interest of the child as the primary consideration in all matters affecting children (FDRE constitution, 1995). Thus, based on the above notes it can be deduced that as compared to the former constitutions which guaranteed human rights of children explicitly not for they are only

human but also for they are vulnerable or by taking their age into consideration. Though the constitution point out these rights for children, the most debatable issue here is whether or how CRC can be directly applied or incorporated in the Ethiopian legal system, especially in the court. Indeed as Braasch and his colleagues shows the issue of incorporating the instruments of human rights within the Ethiopian law is controversial i.e. either only approving of the instruments is enough or it needs publicizing the international human rights instruments through Ethiopian ‘Federal NegaritGazeta’-an official magazine by which the government publishes its laws and declarations (Braasch, 2008).

Accordingly, concerning treaty making process, the FDRE Constitution has indicated as the power to sign international agreements is granted to the executive which after proper deliberation has to direct them to the House of Peoples’ Representatives for their ratification (Art.55 (12)). Thus, once they are adopted, all international agreements, including human rights instruments, are integral parts of law of the land article 9 (4)) without any additional measure to be taken by the legislature. However, article 2 (2) of the Federal Negarit Gazeta Establishment Proclamation No.3/1995 states that all laws of the Federal Government shall be published in the Federal Negarit Gazeta, while, article 2 (3) states that all Federal or Regional legislative, executive and judicial organs as well as any natural or juridical person shall take judicial notice of laws published in the Federal NegaritGazeta. Given the requirement of these provision i.e. enacting national legislations in order to execute the provisions of international conventions at the domestic level, Ethiopia can be considered as dualistic (Rakeb, 2002).

Accordingly, there are two-tiered opinions concerning the normative position of ratified Conventions in Ethiopia’s Hierarch of laws, which is disclosed based on through evaluation of pertaining literatures on the status of human rights International Conventions under the constitution of Ethiopia (Ibid, 2000). On one hand, the supremacy clause of article 9 (1) of the constitution, providing any inconsistent ‘law, customary practice or a decision of an organ of the state or a public official’ null and avoid, has resulted the affirmation that the constitution is superior to all adopted Conventions. On the other hand, the affirmation under article 9 (4) of the constitution that duly adopted Conventions are “integral parts of laws the land” and its requirement under article 13 (2) that Bill of Rights of the Constitution must be interpreted in compliance with adopted Conventions considered as a partial answer to the question of the

hierarchical position of ratified Conventions (Takale, 2009). Thus, this principle calls Ethiopia to give adopted international human rights Conventions a high position in their respective legal systems (Ibrahim, 2000).

In general, though article 9 (4) clearly asserts as the Constitution is the supreme law of the land this does not lead to the conclusion that in case of conflict between adopted international human rights Conventions and the constitution's provisions on fundamental rights and freedoms the latter would triumph over the former. Beyond this, in practical cases, article 13 (2) of the FDRE constitution could be employed to address this controversial issue. As indicated in the provision, the fundamental rights and freedoms of the FDRE constitution should be interpreted in conformity to the UDHR and norms and principles of international human rights Conventions ratified by Ethiopia. This assures as international human rights Conventions adopted by Ethiopia occupy higher or at least equal position, to the FDRE constitution (Ibid, 2000). Also, international human rights conventions adopted by Ethiopia have equal status with the constitution (Seyoum&Aman, ND). Thus, as one of the human rights Conventions ratified by Ethiopia the CRC has placed high up in the hierarchy so that it is authoritative guidelines for the interpretation of the rights of children guaranteed by the constitution. Since Ethiopia does not have comprehensive child law in the form of a children's Act via proclamation the Family Code, the criminal procedure code and the Labor Proclamation are the main instruments, which addresses child rights (ACPF, ND &Goel, 2009). Accordingly, in its various sections the family law the criminal law in its various sections criminalizes acts like sexual abuse, trafficking, infanticide, endangering the life of or causing bodily injury to children and failure in upbringing. The criminal procedure code mainly from article 171 to 180 entails as to how the proceeding concerning young person has to be constructed, continued and concluded. The last but not the least is the labor proclamation, which explicitly forbids the employment of children below the age of 14 years and gives special protection for the child workers between the ages of 14 and 18 under article 89. In addition from article 90-91 the code also sets the maximum working hours for night work, overtime work, and work on weakly rest days and on public holidays. Thus, based on the above notes it can be deduced as these laws address child rights in some parts of their texts i.e. they are not fully or only designed to entail the procedures, mechanism and remedies for implementing the CRC so as enhance the protection of child rights.

Chapter Three: Research Methods

3.1 Introduction

This chapter describes the methods and different techniques utilized to carry out the study and gather the necessary data. It also focuses on how the primary and secondary data was collected. Hence, this chapter focuses on the following issues: study setting, research design, research approach, sampling techniques, sample size, data sources method of data collection, method of data analysis, and ethics of the study and trustworthiness.

3.2 Study Setting

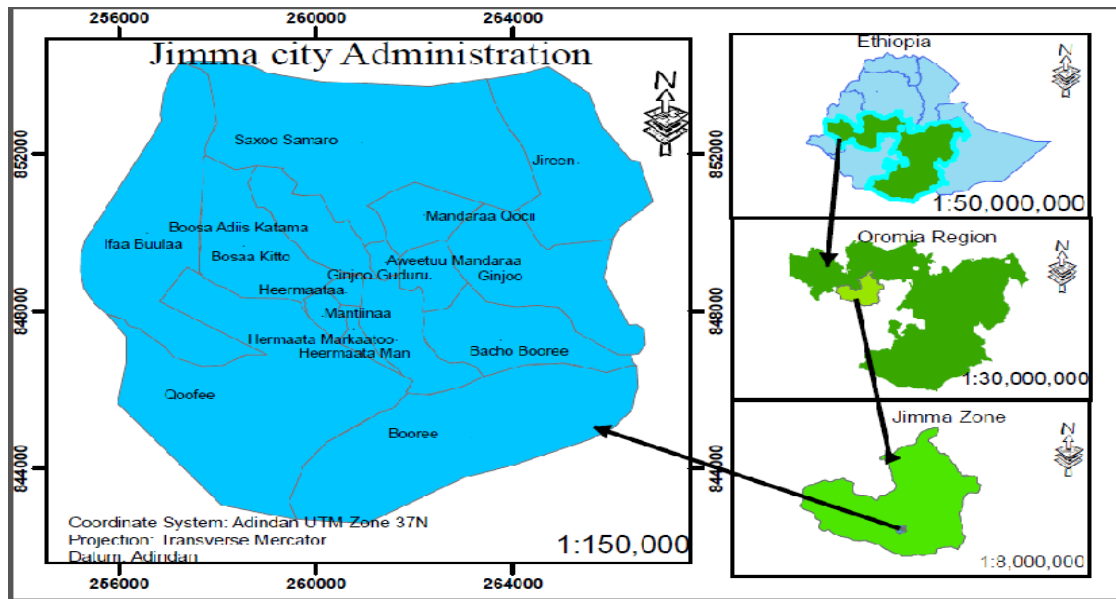
This study was conducted in Jimma city administration, which is the capital city of Jimma zone and located in Oromia regional state. Jimma city is 350 km away from Addis Ababa which is the capital city of Ethiopia. Also, the city is located at an average altitude of 1700 meter above sea level. Its astronomical location is 7° 4' North Latitude and 36° 5' East Longitude. The city has a total area of 46.23kilometer square (4623 hectares) with an average temperature ranges between 7.3 OC to 0C (JCASP, 2006). It was established in 1837 by Abba Jifar, and has a city administration, municipality and 17 *Gandootaa*(small unit administration structure in the country) (Mulu et al., 2017).

Accordingly, to the CSA (Urban population projection values of 2015) cited in Mulueta, 2017), Jimma is the largest city in south-western Ethiopia and the 9th most populous city next to Dese with an estimated total population of 177,9453. Besides, Jimma city, Oromia, Ethiopia, is the place where various ethnic groups such as the Oromos, Amharas, Tigrians, Kaffa, Dawro, Konta etc...with various religions such as Waqeffeta, Christians and Muslims are living in peace and tolerance for many years. Trade is main economic activity followed agriculture where people are employed. Very few section of the society is employed in industrial sector, government and private offices (Geleta, 2015). The city mainly serves as the center for Zone administration, trade, tourism and transport. There are different manufacturing, wholesale and retail trades, services, banks, micro finances, insurances and garages in the city. Jimma city has also economic linkages with the surrounding areas and Addis Ababa. The city gets grain products, livestock

supply, natural resources and labor from surrounding areas and manufacturing and commercial products from Addis Ababa.

Jimma University Medical center is one of oldest public hospitals in the country. It was established in 1930 E.C by Italian invaders for the services their soldiers. Geographically, it is located in Jimma City. After the withdrawal of the colonial occupants, it has been governed under the Ethiopia government by the name of “Ras Desta Demtew Hospital” and later “Jimma Hospital” during Dergue regime and currently Jimma University Medical Center.

To enables children the access to care and support, the child protection program working in improving the quality and quantity of services offered in public institutions. An increasingly popular strategy for doing this has been through the establishment of One-Stop Center (OSC), which provides integrated, multi-disciplinary services in Jimma University Medical Center.



The urban economy and role of city in Jimma which is available at: <http://www.mwud.gov.et/web/jimma/cultural-attractions>.

3.3 Study Design

A research design is a logical and valuable way of looking at the world (Borg & Gall, 1989). Thus, the researcher employed exploratory research design, in order to provide comprehensive

analysis of the challenges and opportunities of child protection program in OSC of Jimma University Medical Center, Jimma city.

3.4 Research Approach

Qualitative research approach was employed for this study. According to Creswell (2007), qualitative research has advantage in gaining detail information about the issue under conduct. Also, it enables the researcher to examine the process, experience of participants about the challenges and opportunities at OSC of Jimma University medical center.

3.5 Sampling technique

I employed non random sampling technique to undertake this study. This sampling technique helps to select participants based on predefined criteria relevant to the topic at hand (Kumar, 1996). According to Berge (2001), when developing a purposive sample, researchers use their knowledge or expertise about some group to select subjects. In-depth interviews also demands applying these kinds of sampling techniques. The selection of participants for in-depth interview, Focus Group Discussion, and key informants has been considering different attributes like age, gender, roles and responsibilities are taken into account. Accordingly, samples in the study were selected from both sexes within age range from 14-17 for survivors and family and stakeholders who have experiences related to issue. The study heavily relied on the fieldwork which entails key informant interviews health professional, police officer and prosecutors whose roles, responsibilities and concerns are believed to highly relate to the topic of the study. By considering all these, samples in the study were selected from both sexes within survivors of violence against children and adults at different age and also professionals have work experiences related to issue.

3.6 Sample Size

The sample size in purposive sampling may or may not be fixed prior to data collection because purposive sample sizes are often determined based on saturation of data. Therefore, for the purpose of this study, the sample sizes of in-depth interview were determined based on the principle of data saturation of data. For the purpose of this study, 10 key informant interview, 3 informant in-depth interview and 12 FGD participants were selected purposively as a sample.

3.7 Source of Data

In order to generate relevant data for this study both primary and secondary were used. While secondary data was compiled from sources such as books, journals and articles, primary data was gathered from the participants of the study.

3.8 Methods of Data Collection

In this study, different data collections methods were used with different target groups. A number of data collection strategies were used to have detail understanding on the issue of challenges and opportunity of child protection system in Jimma University Medical Center, One-Stop Center. Accordingly, in-depth interview, focus group discussion and key informant interview were conducted. During data collection process I was met people that working on child protection service providers at one stop center that make easy data collection process. Before, I conducted interview, meeting time was set up, which was feasible for all participants and according to their agreed time schedule I met different participants' stake in this research. This is because the individual life story research often deals with sensitive personal cases (Bernard, 2006).

3.8.1 In-depth Interviews

In order to have clear picture how children are perceiving the different child protection issues particularly, on the challenges face them through process of gaining services at one stop center as well as opportunities there was gathered by employing primary data collection methods from a child using individual experiences narrated by participants. The individual story was focused on children individual experiences that they passed through. I was collect qualitative data in face to face interviews at One-Stop Center (OSC) with close collaboration with the survivors' counselor. During interview, I was tried to make the environment conducive that supported the children to speak in a very open manner. The individual story research method has many advantages including getting 'other kinds of information that do not get into the public records' (Yow, 1994). The method is also advantageous ' if the participants does not understand research questions in a personal interview, the researcher call fill in, and if the researcher senses the participants is not answering fully, he/she can probe for more complete data' (Bernard, 2006).

Moreover, physical presence of interviewer helped to establish the rapport needed for asking sensitive and personal questions about the painful experience of bereavement (Caserta, 1985). And also, understanding the complexities of a person's decision making and the ultimate consequences that play out in that insights in to the broader, collective experience may be achieved' (Cole & Knowles, 2011). The study participants were purposively selected based on the depth of their knowledge about the issue being investigated. In this study, three (3) in-depth interviews informants were interviewed.

3.8.2 Key Informant Interviews

Key informant interviews were used to collect information from service providers of government and non-governmental organizations. These include regional coordinator of child protection program, site coordinator, focal person public prosecutor, medical doctor, Nurses, social worker, gender expert, social affairs expert, and police officers. These all were interviewed to generate rich data on legislative and policies as well as practices related to child protection service delivery mechanisms, capacity of service providers and collaboration among actors in local context. Eleven (11) key informant interviews were conducted with the above mentioned relevant experts. In addition, the key informant interviews were undertaken with this key informant, available documents via data pertinent to the study was collected, reviewed and analyzed. The rationale I selected this organization that worked together at one stop center (OSC). This was strongly support me to collect the most reliable data in a good manner. Denzin & Lincoln states that such a list contains some precise questions and their alternatives or sub-questions which depend on the main questions. According to the above statement, key informant interviews help to clarify concepts and problems.

3.8.3 Focus Group Discussion

Another tool, to collect data is Focus Group discussion. Focus group consists of a small group of people, usually between six and nine in number, who are brought together by a trained moderator (the researcher) to explore attitudes and perceptions, feelings and ideas about a topic (Denscombe, 2003). Accordingly, six people were participated in each FGD. The aims of these Focus Group Discussions were conducted to collect data about the social, economic political and cultural environments which act as challenges and as facilitator or the opportunities to the child

protection program. Thus efforts were made to create a conducive environment appropriate sitting arrangement was made and various jokes were used as a refreshment and also general issues were raised before directly entering the discussion. The rationale behind this method is to have a clear picture of how Community Conversation Committee (CCC) in the child protection program is addressing in the study area.

Two focus group discussions (FGDs) were carried out with community conversation committee members. Both women and men participants of focus group discussion were selected from sub-groups in different kebeles of the city administration. The community conversation members have sub-groups in almost all kebeles of the city administration. This instrument was used to obtain quality and in-depth information on the quality of various response mechanisms, as well as challenges and opportunities in the child protection system at the study area. For the purpose of this research, two focus group discussions were conducted and 6 participants were involved in each FGD. The women and men focus group discussions were conducted to ensure the homogeneity of participants.

3.9 Trustworthiness of the Study

In this study to fulfill the trustworthiness of the data, a member checking was used. To this end, the transcribed qualitative data was read for the study participants and their confirmation was obtained concerning its correctness. Similarly, to ensure the reliability of the data, triangulation was used. This means, tools for data collection were prepared based on the available literatures and theoretical framework.

3.10 Data Analysis

After collecting the necessary data, I categorized, combined, synthesized and thereby analyzed the collected data. Before the actual analysis of the data, the collected data were sorted and categorized in accordance to its source and type. To clarify and convenience the data collected by each data collection technique was transcribed, compiled and further elaborated into meaningful and patterned information soon after the completion of that particular data collection session. The whole collected data were analyzed based on the research objectives and emerging issues. The themes were discussed in respect of literature and the research findings.

3.11 Ethical Considerations

This research was conducted among Jimma city particularly in case one stop center (OSC) in Jimma University medical center by emphasizing the challenges and opportunities of child protection system. In order to engage in the study, I announced to all governmental and non-governmental organization emphasized because ethics is a critical reflection on morality. According to Cohen & Mannion (2000), conducting research involves tension from two sources. The tension that exists between two sets of related values held by society; a belief in the value free scientific inquiry in pursuit of truth and knowledge; and a belief in the dignity of individuals and their right to those considerations that follow from it. Striking a balance between the two requires skill and involves ethical considerations particularly from the point of view of research participants. Therefore, I was used utmost care when I was conducting this study in the following way:

The planned study was considering ethical issues during data collection from all participants that have stake under this study. All participants and researcher were respected all national and international laws to ensure the best interest of children. Before, get to data collection the permission from children, family, governmental and nongovernmental organization offices were secured. In general, people that are intended to be participating in this research were asked for their consent to participate in this study. Similarly, all information that they are given were anonymously documented without mentioning participant names.

Chapter Four: Finding and Interpretations of the Study

This chapter deals with the presentation and interpretations of the major findings of the study, based on themes developed from the specific objectives of the study. Accordingly, the chapter is organized into four parts. Thematically, the first part is about the core services provided at one stop center of Jimma University medical center. The second is concentrated on the opportunities of one stop center at different level namely at the family, community and societal levels. The third part focuses on challenges encountered by the program at different levels in responding to child maltreatments. Finally, the last part deals with the mechanisms devised by One Stop center Program to cope with those challenges at different levels. In analyzing and interpreting the findings, pseudonyms were assigned to the participants of the study, in order to keep confidentiality of participants.

4.1 The Core Services Provided to Survivors of Child maltreatment at OSC

4.1.1 Medical Services

One of my key informants, Doctor elaborated the issue as follows:

One-Stop Center is physically located in health care institutions due to its highly medicalized and emergency nature of its services. In similar, this center is located here in Jimma University Medical Center to provide integrated and multidisciplinary services to survivor of child maltreatment. One of the core services provided at one stop center includes; treatment of abused children or victims, certification of their evidences and referral for legal services. The medical services are provided for the victims to help them recovery from their injuries while the legal services is provided for the children on how to take legal measures on the perpetrators (abusers). For this reason, the services provided at One-Stop Center are called medical legal services, because it is impossible to get justice for victims without critical investigation which is confirmed by medical examination, forensic exam. In these processes, health professionals play exceptional role in the recovery of the victims from their health problem due to violence against them including physical abuse and sexual assaults. Furthermore, social worker help the victims by providing counseling to help the children calm down especially as the case reported to One-Stop Center and at first stage of starting treatment in convincing and empowering the survivors to be willingness to get services. Furthermore, follow-up and evaluation of the health status of

the victims until they recover from their problem and referral for the additional services are other responsibilities health professionals.

Regarding this, one of my key informants, 36 years old nurse, described that:

I am serving at One Stop Center as nurse at Jimma University Medical Center. One-Stop Center is the center, where comprehensive services are provided to the survivors of child maltreatment based on their needs. The core services provided to the survivors of child maltreatment are categorized into three. These are medical, legal and psycho-social support. Under these three core services, there are also different services provided. For instance, under medical services: giving treatment, consulting on unwanted pregnancy, treating sexually transmitted diseases etc... for survivors the major services provided. Similarly, psycho-social support services like counseling are provided by psychiatrists while social relationship maintenance with parents and peers are also provided by social workers. Starting from the case reported; the cases are managed by case managers until the survivors' reunification with family is fully achieved. In short, the type of services provided by One-Stop Center and its process looks like as mentioned above. .

According to focus group discussions with women discussants, the services provided at One-Stop Center are intended to meet the physical, psychological, emotional and social needs of the abused children because child maltreatment or abuse has various impacts on the affected child. These may include incurable and curable health consequences such as: chronic infections, eating disorders and alcohol abuse. For instance, sexual violence has further impacts; exposure to unwanted pregnancy, sexually transmitted diseases and psychological traumas. Due to these, the services provided by One-Stop Center focuses on the various dimensions of the problem.

One of key informants, coordinator of OSC added that:

Health care services are accessible at the one-stop center within Jimma University Medical center in Jimma City. This health care services are accessible 24-hour a day, and 7days a week. The services are provided for the beneficiaries' free charge. The one-stop center has trained health professionals and the services provided are treatment of physical injury, physical examination, prophylactic treatment of sexually transmitted infections, including HIV/AIDS, immunization against hepatitis. Further, nurses conduct the pre-counseling for HIV testing, undertakes testing for pregnancy, sexually transmitted diseases including HIV. Moreover, nurses immediately contact the case manager for crisis intervention and emotional support. Then, all practitioners collaborate and work closely together with community, family and interested people to rehabilitate the survivor of violence against.

In addition, one of key informants, focal person of elaborated the issue as follows:

Regarding to commitment of health professionals, the victims of child maltreatment immediately access to a trained health care practitioners. Even, in busy setting the safety health and well being of victim of VAC always takes priority over all other considerations. All possible attempts have been made to insure that health care services were provided to the survivors within short period of time at OSC. Especially, those who have experienced sexual assault have been got medical services within 72-hours after their victim occurred. Unless, the survivors may exposed to further diseases such as; HIV aids, unwanted pregnancy, and so forth. That is why their services are gained focus all stakeholders and based on emergency cases. For further, emotional and therapeutic supports were provided by nurses to empower the victims of child maltreatment.

One of informants, 15 years girl further elaborated the issue as follows:

I appreciated those health professionals, because of their commitment and way of treatment. Honestly speaking they were not only treated me as patient, while they were closely helped me as brotherly and sisterly. The health services provided at this center is free at all. Therefore, anyone can access the services without thinking about its cost.

According to one of my key informants, Social worker of OSC:

Thus, medical services provided are very critical and also the survivors of VAC have been treated as emergency case to save them from complicated disease might be happened due their injuries. Accordingly, once the nurse is notified that the victim is on the way or a victim presents her/himself to on stop center, she informs all service providers of this fact as soon as possible. Then, upon arrival at the one stop center, the nurse receives the victim and uses private room for initial intake. She communicates the full profile of the survivor with coordinator and social worker. After they discussed on the need of the survivor and the nurse opens open then file, takes the survivors data and enters the information into register. Once the needed services are identified and list of service providers previously contacted, the victims start examination and gaining services. After the medical forensic examination completed, the nurse and social worker were prove further emotional support the survivor to relief and feel comfort her/him. Not only that, nurse has been arrange for follow up phone call with patient and she ensures that the survivor receiver an information care when the date of the next follow-up appointment. If the follow-up medical evaluation results show symptoms of post-traumatic stress, infections nurse and social worker were arrange for referral for counseling and additional treatment based on their needs. Even if the patients are not willing to return to one stop center, the follow-up is conducted over the phone appropriate referral for counseling, or other services are offered. Therefore, this program

creates the essential platform for us to serve our community especially those who are child and vulnerable violence against children without thinking about cost of the services.

One of the key informants 29 years old nurses further elaborated this issue as follows.

I can tell you the story of survivor, who has experienced physical punishment for long period of time by her guardian. This survivor was eight years old and she loses her mother at child hood whereas, her father was poor and lives under difficult circumstances because poverty. As a result, there was no option this for child, rather than informally given to her guardian as a relative. However, this child life was fall in bad situations because; she was physically punished by her guardian. The perpetrator was punished her by burning her body. You can imagine that, how much it was difficult to this little child punished by burning her body. In March, 2012/2020 one of community conversation committee member got information and put her at one-stop center. When, she arrived at the center she was physically injured and psychologically depressed and we were shocked to see her burned and highly injured body. Then, medical services were provided to her and her treatment takes more than two weeks. These all health care services were free charge. Therefore, this center is not only solving the victims' problem but it provides opportunities for services providers without thinking about cost of the services.

The above findings indicate that the medical services provided for abused/maltreated child mainly focus on addressing the child's immediate needs especially helping the child to get relief from physically injury and associate with the abuse she/he experienced. This means it is very difficult to address the other consecutive needs of the child without first giving remedy for the physical pain the child is suffering from. In other word, the medical services focus on bringing long lasting solution for the micro level problems of the child. This implies that the medical services provided at One Stop Center for abused children are in line with the intervention model recommended by the ecosystem perspective. According to the ecological system perspective, the exposure to problem like child abuse has various personal, physical, emotional, psychological and social impacts. Therefore, interventions efforts intended to bring solution for the child experienced the problem should first address the immediate problem for the child in crisis situation at micro level and then should be followed by the problems need to be addressed at mezzo and macro level.

4.1.2 Psycho-Social Supports

One of key informants, social worker elaborated the issue as follows:

It is widely recognized that children, who have been abused should have access of psycho-social supports. In addition to therapeutic, the children who have been sexually, emotionally and physical abused needs psycho-social support. They may be homeless, single parents, poor employment option families and so forth. Due to these, providing psycho-social support to help them to overcome their difficulties is seen as essential strategies of One-Stop Center to rehabilitate and prevent double victimization's of abuse/maltreated children. Accordingly, play therapy, family therapy, and psychotherapy were provided to clients and their families at One-Stop Center.

On the other hand, both focus group discussions with women and men discussants discussed that:

In our community some types of child maltreatment especially sexual assault is seen as shameful practice. So that, recovery the victim from sexual abuse is broader than the individual's journey to physical and emotional well-being and includes acceptance and reunification without stigma. In addition, recovery includes enabling families and communities to care for victimized children as well as protect from further maltreatment by provide counseling for families and mobilizing communities. The services was designed to offer long term accommodation based counseling, non-formal education, and life skill education. The ultimate goal was to prepare child survivors of violence against children for re-integration with their family.

In similar, one of key of informant's focal person of OSC elaborated the issue as follows:

Social reintegration is basic service provided to victim of child maltreatment for different reasons. These reasons might be to build confidence and trust by helping survivors to feel secure, self-confident and trusting of those around them. Hence, counseling help victims of child maltreatment help to regain self-respect and self-esteem. Especially, children drop out from school due to their victim for short and long period of time needs psycho-social support to reunify with school community. Also, the intervention have positive impact and long term effects on victims of child maltreatment through counseling on how to build up their own individual and self-image. In addition, it helps the survivors of child maltreatment to learn about good behaviors and its reward so that they would be able to avoid negative attitudes. Therefore,

reintegration by family tracing and assessing social environments and after family reunification service providers were provide capacity building such as life skill, basic business skill, and assertiveness through training to reunified.

One of my informants, 15 years old said that:

I am going to tell you my story. I don't know my family but before coming here, I was living with one of my relatives. Both my mother and father were died when I was at age of four years. I came to Jimma before seven years ago from south nation, nationalities and people's regional state, specifically Bonga town. Then, I join the families I didn't know before and started living with them. Since that time, I engaged in different domestic activities such as cleaning house, washing materials and so on. As I grow up, the load of domestic work were increased at me. Surprisingly, I served them without any payment because the wife beats me when I talk about the issue. Even, I lately start at age 13 and I can't perform my education in good manner. I carried all activities all the time without rest. Besides, I hadn't option; I tolerated all my difficulties to survive. But, currently the situation transformed to more bad which I can't tolerate. I have raped by my guardian and I told to one of our neighborhood. After that, she put me at one stop center and I have got different services. Before, I feel hopelessness, but after I got counseling and social support, there is change in my life. They told me as I will see with my relatives and going there to live with them. I hope my life will be okay, when I got my aunt. Also, I will continue my education there and now I became okay and hopeful.

The above findings indicate that one of traumatic experiences as a result of child abuse is emotional disturbance and ill psychological feeling by the victim. Hence, understanding the emotional environment of survivor is the first aid and healing power of the psychological wound of survivor of violence against children. The common emotional problem face the victimized children include; anxiety, social isolation, anger, sudden mood shifts, depression, guilt and shame feeling, low self-esteem, fear and so forth. As a result, the psycho-social support is one of the core services provided to the survivor of child maltreatment at one stop center of Jimma University medical center.

Further, psycho-social supports provided to survivor of child maltreatment were to help them to recovery, especially from psychological problem because of their injury. Child maltreatment may have short term or long term consequences. These child maltreatment consequences are emotional, economical and health problems. As a result, psycho-social support is provided to the victim to ensure wellbeing of them. Therefore, this psycho-social support provided at the center is very essential and may help those victims and their family to ensure the wellbeing of them.

4.1.3 Legal Aids

One of my key informants' coordinator of OSC elaborated the issue as follows:

As it is well known, legal aids are the activities which needs more cooperate and collaborations of different actors including police, public prosecutors and judges. All have responsibility for providing justice for survivors of violence against children and other human right violation. Also, they have critical role in maintenance and supporting the long-term process of rebuilding communities. In addition to providing justice especially, prosecutors and polices were participate in awareness creation, to give public education on the consequences of child maltreatments and changes norms that support violence against children. For instance, it is difficult to say, all communities have equal knowledge on both short term and long term consequences child maltreatment. It needs doing more and more on awareness creations for different communities including schools, afooshaa (association that support both financially and psychologically at the time of emergency), ikub(traditional saving mechanism) , civil servant in the ganda (small administration unit in the country) of the city administration. Accordingly, our staff police, social worker, and focal person (public prosecutor) highly work on awareness creation and capacity building in the community, to prevent crime on children as well as to response child maltreatment. There are also harmful cultures and norms in the communities, which support violence against children. Consequently, it is essential made behavioral changes through aware creations. Accordingly, one of the goals of legal system is protecting the citizens from violence as well as keeping their safety by implementing rule of law and they are doing so.

One of key informants 34 years old police officer of OSC added that:

Regard to legal services at one-stop center polices were accessible 24-hour a day and 7 days a week, while public prosecutors were available in normal working hours. Then police assist and support all victims of child maltreatment in sensitive manner and treat them with courtesy compassion and respect for their personal dignity and privacy. Also, recognizes child maltreatment as crimes that have serious traumatic effects on the victim and make every effort to minimize secondary victimize. After, receiving necessary medical evidence and other facts legal aids process is continued with public prosecutor and police investigator. Then, if the victim willing and can give her/his statement, she/he has been giving her/his statement to the police and prosecutor. If not, she/he has given adequate time and emotional support to help she/he gave her/his proper statement. In my opinion, presence of this one stop center minimizes so many challenges we face in the process of investigation especially for legal systems actors

According to both focus group discussions with women and men discussants; currently legal aids provided at one stop center change the trend to get legal services by minimize facility costs, and the case reported were managed in short period time. Besides, it helps the child maltreatment intervention and increase the loyalty of legal systems/child protection programs in community.

One of my informants, family of survivor of maltreatment elaborated the issue as follows:

For sure, I didn't expect that as there is a place where legal aids provided without any cost. I was grief when I heard the victims of my daughter. Even it is difficult for me to provide health care services because I am daily laborer. However, when I put my daughter at one stop center they provided all services including legal with free charge. Further, within short period of time the case was managed and sent to court and the perpetrator is now in prison. Now, my daughter is become okay. We are satisfied with legal aids and punishment of perpetrator because, the other can be learning from his life course.

The above finding indicates that legal aids provided at one stop center is critical important especially, for those who experienced child maltreatment and haven't access of legal services due to their lack of awareness, low economic status, helpless children. In other word, this legal aid has two great advantages when the perpetrators punished. First, the victimized children and their families can get psychological satisfaction. Second, the rest children who might be exposed to be abused by the same perpetrator will saved and also, the prison life courses can change the perpetrator behavior. Therefore, the legal service at one stop center (OSC) has not limited to serving clients rather than it contributed to improving public security. Further, even if the main purpose of legal aids for victims is to provide justice for them, the punishments of perpetrators also teaches other and help the child maltreatment interventions.

4.2 Economic, Social, Cultural and Political Opportunities to Strengthen OSC

4.2.1 Economic Opportunities Available at OSC

One of key informants, Doctor at OSC elaborated the issue as follows:

There are different opportunities at study area which can be utilized as well as partially utilized. For instance, the availability of One-Stop-Center in this area by itself is an opportunity for all

survivors, families, communities and service providers because any services provided at the center were free charge. In addition, if it is necessary there is also financial support to solve their emergency problem such food, clothes, sanitary materials and so forth. This is great opportunity especially for survivor of child maltreatment and their family who cannot provide these services for their victim child. For further, some survivors especially who are street children were linked to voluntary individual as adoption to save she/he from further victimization. Therefore, economic supports of victims of child maltreatment and their families at OSC have great meanings for poor families and helpless victims.

One of key informants, 27 years old police officer said that:

The different services accessible at One-Stop-Center includes: health care, psycho-social support and legal aids with free charge. The victims who cannot afford services because of financial constraint were supported. Before, establishment of OSC the survivors were double victimized, when they came to access services at police station because they treated equally with others. Further, it was not comfortable environment for the survivors of VAC, especially to keep their confidentiality.

One of informants, family of the victim, narrates about her victim child as follows:

I live with my daughter in Jimma city. My daughter has experienced sexual assault by the one who was my neighborhood. I live in difficult situation and I haven't permanent income whereas I am laborer and my income is not more than hand to mouth. I was shocked when heard my daughter victim. But, I hadn't any option to make any service for her. Then, I told the story to one my neighborhoods who work as community servant in our gandootaa (small unit administration structure in the country). After that, the man was given me all information about services at one stop center of Jimma University medical center, and he referred me to the center. I went there and ask for help those professionals. They were provided all medical, legal and psycho-social services without any payment. Not only that, my daughter have mental problem and she hadn't get and support before, due to lack financial resource. In addition to services provided to the case of her victim, she had got another treatment for two months at psychiatry ward which is free charge again. Furthermore, I got financial support for house rent and sanitation materials and they reduce my stress to follow up her treatment. The services providers solved my difficulties which was unbelievable as my capability to get those all services for my daughter. That was great opportunities in solving the problem to me and my daughter. Now, she is fine and they told as I can put her to one stop center, even if she has problem due to her victim.

One of key informants, social worker added that:

The environment by itself exposes them for other problems; such as fear, stress, and uncomfortable and so on. Furthermore, the places where the services provided were far from each other. As a result, their families, guardians, police officers and any other voluntary person who report the case to police station was expected to provide services by his own effort and financial expenditure for those all services such as health care, and legal facilitation. But, now the trend is completely changed by the support of child protection program at one-stop center of Jimma University Medical Center. All services including medical services, psycho-social support and paralegal aids are provided at the center. This comprehensive service enables survivors of VAC to access those support within a short time by minimizing problem of financial, time consumed, energy and so forth. Also, the service providers have got opportunities of face to face communication among the professional from different perspectives and to discuss on the case of survivors to make decision. Those professional includes; Case managers, social worker, prosecutors, police investigators, doctors and nurses who are deployed by different governmental and nongovernmental organizations are providing services to survivors of child maltreatment at the center cooperatively. As a result, the center creates a platform for those services providers to discuss and managing the case appropriately.

In similar, one of key informants, social affairs expert elaborated the issue as follows:

This multi-sectorial approach is essential to combine different perspectives from different professions to solve the individual case which helps the survivors to become rehabilitated. Also, comprehensive services approach enables the child maltreatment intervention fast because it may minimizes time consuming, costs for services by coordinating service map and providing free charge as well as facilitating the all services. In addition, those professional who are providing services were assigned by different sectors without additional cost for salary.

In similar, according to one of key informants, focal person of OSC:

There are rules and regulations as well as protocol which are developed to coordinate and assist service providers committed to working together at OSC in delivering comprehensive, immediate and higher quality services to survivors of violence against children. It thus documents and publicizes the services that key service providers/sectors are providing for survivors of VAC within One-Stop Center and how they can be accessed. The Protocol was developed by the

National Coordinating Body to establish an integrated and multi-sectorial to prevent and respond to violence against children. The National Coordinating Body is a group composed of the ministries of justice, education, health, women's affairs, labor and social affairs, youth and cultural affairs, as well as the federal courts, the Federal Police Commission, the Ethiopian Human Rights Commission, Ethiopian Women Lawyers' Association, UNICEF and Coalitions of Faith-based organizations. Each sector and institution has a unique mandate in the prevention and response to violence against women and children. The goal of national coordinating body is to coordinate the efforts and interventions of different sectors to prevent and respond to violence against women and children. As part of the initiative of the national coordinating body, the Protocol strives to improve the working relationships and communication between protocol member institutions in responding to the needs of survivors of VAC. The protocol collectively commits service providers working in one-stop centers to be inclusive, while bringing an understanding to the issues related to gender, ethnicity, religion, socio-economic status, language, age, and/or abilities of individuals.

One of key informants, coordinator further elaborated the issue as follows:

In regards with human resources there are almost all professionals who provides services including doctors, nurses, police officers, prosecutors, social worker, and coordinator are available at the center. The availability of those professionals at the center offer further opportunities for beneficiaries and also those services providers by prompt the service needed as well as managing cases to minimize case dropouts. Case management by its nature needs involvements of all service providers as well as coordination between them to solve the victim problem start from case report to case closure. In addition, all services such as health care, legal aids and psycho-social support were provided to beneficiaries without any payment. This is the great opportunity for those child victims from poor economic status family back ground and street children who have experienced one types of child maltreatment. Most of our victim children were from poor family. Furthermore, this center provides economic support in cash and in kind including sanitation materials and clothes victim of child maltreatment. However, there are shortages of some drugs, laboratory equipment and the like. As a result, it needs additional resources to help survivors of

violence against children. Even though it is not enough to tackle all problems of the victim of violence against children the fund used for these all services donated by UNICEF.

According to focus group discussion with women and men discussants; in contrast, the professional deployed by multi-sectors were not enough and it needs more human resources to fill the gaps such as absence of care givers and security for those survivors who are homeless and needs shelters. Also, lack of facilities, with rehabilitation center while, there are so many opportunities in the city including; space, private and governmental organizations. In addition, informal institutions such as: *afooshaa* (association that support both financially and psychologically at the time of emergency), *iqqubii*(traditional saving mechanism), community based organization and formal institutions including banks, saving agency and religious institutions which can be utilized as income resources to organize the rehabilitation center.

The above findings point out that, accessibility of One-Stop Center at study area gives opportunity for children who have experienced child maltreatment as well as to prevent the violence. Also, availabilities of protocol, guidelines rules and regulations, which support the service providers in help survivors of child maltreatment. Almost, enough professionals were assigned at one stop center to provide medical services, legal aids and psychosocial support. In addition, there is some amount of financial support for victims and their family. Mostly, the children experienced child maltreatment is living in difficult situation and needs more than services provide at the center. They may street children, homeless or domestic workers who needs further empowerment including reunification with family, shelter and so forth. Therefore, the financial support provided at has critical importance for the children experienced child maltreatment. The ecological perspectives also suggests that to address problems victims child maltreatment different components of systems were collaborated to provide services from different perspective at micro level can be relief and rehabilitate them. Then the rest services and further problem may solve at different levels which means meso and macro level.

4.2.2 Family Level Interventions

According to one of key informants, Social worker of OSC; it is well known the role of the families are irreplaceable in helping the victim child start from first aids for their injuries and

report the case to one-stop center as well as follow up until the case closure. Previously, the willingness and commitment of the families to commit their resources, time, and energy and so on are not as such, as its importance's. Currently, there is progress of willingness of families to report case due to the increased of awareness creation by OSC. Awareness creation is one of the implementation parts of child protection program by community mobilizations. This awareness creation is implemented at different ecological level of society. Family is one of the targeted groups in awareness creation. As a result, most of the families have been informed about child rights and also, they know where they go as well as informed to whom the case is reported; when child are victimized by perpetrators.

One of my informants, family of victim elaborated the issue as follows:

The access of One-Stop Center in this area is great opportunity for both children and their families, especially for those who cannot afford the services by their own capacity because of poverty. Even, it has advantage for those who have potential to get these multi-sectoral responses at single place. Therefore, family collaboration with child protection program should be important to strengthen and support by report the case and also utilizing the opportunity at the center.

In similar, according to focus group discussion with men discussants; families' commitment recently progressed for utilizing the opportunities at the center that free services for the beneficiaries. All services are provided to the beneficiaries without payment and financially supported according to their needs. For this reason, the commitment of the families to support one-stop center by reporting the case as well as follow up through the case management is undeniable. In addition, there is attitudinal change in the family of survivors VAC, especially on sexual assault. Blaming the victimized children is decreased because of attitudinal change about the problem. Understanding the child problem by itself reduce the child double victimization. Even though, it is not fully tackled caring child after their victim by protecting from another victim, follow up their treatment such as health care and psychological support are progressed.

The above finding indicates that, the child protection program has created equal opportunities for all, to access the services provided at one stop center. In addition, child protection program reveals a tremendous amount of good work being done to respond child maltreatment and to

improve the lives of victim children, their families and community According to a call to action (2013), strengthening the blocks/child protection system will lead to better prevention, protection and responses to violence against children and eventually better outcome for them. Therefore, child protection program is working on changes attitudes towards victimized children through awareness creation. Also, the child protection program help the family of children experienced maltreatment; by provide them all services free charge and financial support. In addition, awareness creation minimizes double victimization of children by their families. Mostly, the victims of child maltreatment are blamed because of limitation of knowledge about child rights and child care. The role of this child protection program is undeniable to improve the wellbeing of victim children and empowering their family to increase their knowledge on child care through family therapy and counseling.

4.2.3 Social and Cultural Opportunities of OSC

One of key informants Focal person of OSC elaborated the issues as follows:

Community Conversation Committees (CCCs) were built by OSC from community members lives in Jimma City. The purpose of build community conversation committee is to strengthen community level interventions of child maltreatment. Accordingly, community conversation committee were selected from the gandootaa (the smallest administrative unit in our country) and collaboratively with the program in response of child maltreatment. In number five committee members who have acceptance including health extension workers, community leaders, religious leaders, mahiber (association based on religious) leaders in the community were selected from twelve gandaa(the smallest administrative unit in our country) and the committee have totally sixty members. The community conversation committee has different roles such as; awareness creations, report the case when it happened in their area, support the survivors as first aid for until the survivors arrive at one stop center. In addition, they work on resource mobilizations by cooperative with stake holders. Besides, the presences of the CCC in the community can be taken as a great opportunity in create linkage between service providers and beneficiaries. Further, they play the most important role in revealing VAC data in community even, most of case reported to one stop center in 2019/20 were reported their coordination.

In similar, according to both focus group discussion with women and men discussants; the community conversation committee plays great role in community mobilization and awareness creation through convincing their local communities and community servant at different levels. Consequently, they are working with school communities, neighborhoods, different associations including *aflooshaa* (association that support both financially and psychologically at the time of emergency). Also, they are raising the issue of child maltreatment and about this child protection program on any public meeting they participated. Therefore, community conversation committee (CCC) have incredible role in responding child maltreatment through supporting child protection program at study area.

One of key informants, coordinator elaborated the issue as follows:

Working with school communities can help One-Stop Center in different ways. For instance, it increases the accessibility of the services and announces the location of the services for the wide community. Mostly, at least one family member might be in school. Even if it is impossible to access all household one by one, they can get information about the child protection program. Accordingly, our staff includes; police investigator, public prosecutors, and social worker are highly working on school communities by rounding on different schools in Jimma city.

According to one of key informants, Misira Ahmed, a head of women, youth and children affairs:

Social norms changes by its nature involve efforts across different communities and society. Parents and educators are priority audiences for changing norms around violence against children. Efforts to promote child protection norms and reduce child maltreatment are enhanced if all communities include formal and informal institutions as well as governmental and non-governmental organizations. Norms change around community violence can focus on members who are at highest risk. In addition, working childhood development of children by teaching their right, transparency, encouraging their participation in the community issues, listen their ideas might be changes the trends. Furthermore, norms-change efforts can also educate key influencers, such as political, community and faith leaders, and members of the media. These influencers can avoid perpetuating harmful social and gender norms and help amplify and model positive ones.

The above findings indicates that multi-sectors approaches encourages norms and values strategy use communication, critical reflection and skills-building to challenge the social and gender norms that condone violent behavior; and to strengthen or model norms that promote non-violence, gender equity, and protective behaviors. Accordingly, norms change is a crucial part of income and economic strengthening, safe environments, education and life skills strategies, and parenting programs as well. Changing adherence to restrictive or harmful social and gender norms through community mobilization and awareness creation program is very essential. The ecological system perspective also suggests that, to create safe environment for children at different level including meso-level (in the community) working collaboratively with different community is important. Therefore, community level interventions child maltreatment by child protection system/program is effective in the study area.

4.2.4 Political opportunities of OSC

4.2.4.1 Legal Frameworks and Policy Environment

One of key informants, focal person of OSC elaborated the issue as follows:

In fact, different movements are there at different level start from national to local administration structures which indicates as the political will of the government is in progress to tackle children problems. Besides, government and nongovernmental organizations tried to tackle child maltreatment by enacting laws and policies related child protections. Also, Ethiopia has ratified and adopted various international and regional legal instruments. For instance, article 9(4) of the federal constitution (1995) makes all international treaties ratified by Ethiopia part of the law of the country. Accordingly, Article (36.1) specifies that, children are to be free from corporal punishment and maltreatment in any institutions and responsible for child care. In addition, FDRE national child policy was drafted in 2011 notify that, protecting children from any form sexual, physical and psychological abuses one of its specific objectives. It also, was highlighting the role of families and relevant organizations in protecting children from child maltreatment. Furthermore, the revised criminal code (2004) Criminalization of various forms violence against children. According to proclamation No.414/2004, article (576.1), if an individual responsible for the custody or charge of minor ill-treat, neglects, over tasks, or beats him or her for any reason or in any manner, He/she will be punishable with simple imprisonment

not exceeding three months while, if the crime causes grave injury to the health, well-being, education, physical and psychological development of minor, imprisonment for not less than one year. Moreover, the article (620-27) recognizes and criminalizes sexual assault including rape out of wedlock, even if marital rape is not included.

On the other hand, one of key informants regional coordinator said that, the Federal Ministry of Health has a structure designed to make health related services universally available, accessible and affordable to the society. Also, health extension program and the health development army have enormously facilitated the health sector's goal of reaching each household with the package of health services. This structure and system is also wonderful opportunity for prevention of and response to child maltreatment especially sexual assault. The national management guideline for survivor of violence against children was prepared and used as a document to this one stop center.

Both FGD with women and men discussants discussed that, different guidelines, policies and protocols that help the child maltreatment interventions were made at different ecological level by governmental and nongovernmental organizations. However, most of the materials were not prepared local language and it incompatibility with the knowledge of the society. Therefore, all available materials may produce for the community by their own language and it helps them to realize the issue in good manner.

The above findings indicate that, even if it is not fully managed, the political will is progress and the focus government to child protection is good starting and it is important to working on its sustainability. But, producing only instruments for child protections is not enough, rather than implementing and budgeting accordingly. There are international and national child protection instruments including CRC, national policy and legal framework. This need to explore these opportunities makes change in the country to improve child wellbeing. Even though, child protection instrument are available, it need more efforts child protection systems/programs including one stop center to utilize opportunities. Therefore, it needs to governmental and nongovernmental organizations are collaboratively worked to implement the international instrument which ratified by the country and legal frameworks appropriately.

4.2.4.2 Mass Media Accessibility

According to one of key informants, coordinator of OSC; Media play a critical role in informing and influencing people's attitudes and behavior through increasing society's awareness of, and response to, child maltreatment. The media social norms change, not only as a medium for distribute messages but also because entertainment content and images tend to reinforce violence against girls and women and gender inequality, rather than challenging these norms. It can positively influence public, professionals and politicians responses to the circumstances in which children and young people to find them. In addition, realizing media influences, and how to use the media constructively, may thus be an essential tool for those who advocate for children and their families. There is need to explore this opportunity among child protection systems including one stop center for dialogue, sharing information, sharing of values skill, experiences and competences. Further, in prevention and response to child maltreatment both governmental and non-governmental officials should engage in more partnerships. Accordingly, it needs media coverage to provide information on how stakeholders can enter into partnerships. Moreover, in addition to literatures that governments and researchers provides, essential basic information should be generated as guiding materials on policy and good practice in the child protections sectors including one stop center

One of key informants, head of women, youth and children affair elaborated the issue as follows:

Currently, there are opportunities of access to Medias including Radio, Television, Social Media and so forth. However, the effectiveness of media campaign remains low due to different reasons. For instance, media campaign is expensive and it may hard to justify political climate whereas limited funds and resources are provided to address violence against children. In addition, the media attentions were on entertainment program rather than giving coverage to this hot issue in our country.

According to both focus group discussions women and men discussants, media campaigns can make influences society in changing attitudes and harmful traditional practices, which support child maltreatment. Also, media were platform to make dialogue with professional who have experience on the issues and researcher to transform the harmful traditions and cultural practices and so forth.

Regarding to media accessibility, many option includes, radio, television, social media and so forth are available in the country. Above findings indicates that, there are options to get information about the issues from different sources. But, there is lack of commitment and season based discussion about the issue on media. However, child protection needs more focus in empowering and increasing the knowledge of whole society on rights children and child care by media campaigns. Therefore, it is important to utilize this opportunity in response and prevention of child maltreatment. Further, the media agencies should have given coverage for the child protection issues and provide information on child maltreatment preventions for society. This can help the governmental and nongovernmental organizations which are working on child maltreatment interventions at macro level.

4.3 Economic, Social, Cultural and Political Challenge Facing OSC

4.3.1 Economic Challenges of OSC

One of key informants, social worker elaborated the issue as follows:

One-Stop Center have standard in terms human resource and material resources. The accessibility of One-Stop Center at this area by itself is undeniable. But, there were lack of rooms and material such as playing therapy materials, foods and food making materials, child play stations and human resources such as care givers. Besides, the one stop center face so many challenges to provide full services to survivors of child maltreatment. Also, case management needs follow-up until case closure, while there is lack of rehabilitation center keep the victims at there. For this reason, the victims are given to their families, with promising them to follow-up their services. However, sometimes families were tried to hide victims and made it out courts. Therefore, rehabilitation center is very important in case management, but still not there at center.

One of my informants, 14 years old girl said that:

I want to stay here until my relatives will come, because I fear that my perpetrator abuse me again. I won't live the previous life style, which was so difficult. Even if no shelter here, I can stay with police officer. Unless, my previous guardians can attack me due to, the case reported

to police officer. I feared that, they will either punish or banned me to come back for the services.

According to one of my key informants, 34 years old police officer:

Before establishment of One-Stop Center, we were face so many challenges, when such problems happened in the communities and cases reported to us separately. The challenge includes the cost of medical services, food services and rehabilitation center because most cases from families who cannot provide due to their low economic status. After this program start work here we relief in many ways by providing all services mentioned above to the survivors of child maltreatment without any payment or free charge. Also, the availability of professionals from different perspectives at one stop center were another advantage for both service providers and beneficiaries because it minimizes frequency to come back for services and transport cost as well as reduces fatigue. It was not easy to access those all services especially for those who experienced child maltreatment and from poor families as well orphan children, before one stop center start work at Jimma University medical Center even though there are limitations including shortage of budget, human resources, lack facilities, logistics and so forth.

One of key informants, coordinator of OSC added that:

On the other hand, the location of the center may have impact to create comfortable environment to survivors of VAC. As a result, separate it from common treatment place is important. However, this OSC is not separated and have no room for child play therapy to recovery from their stress and anxiety. Although, doctors, nurses, police, prosecutor and social worker were deployed by coordinated governmental and non-governmental sectors, unavailability of some professions on time at the center at any time were challenged the service provided to the beneficiaries on time. For instance, doctors are assigned with double responsibility to treat survivors of VAC as well as other patients concomitantly. In addition, the center has no sign language interpreter and needs help of others such as school teachers which take more time start investigations. Therefore, due to financial constraint of the child program, there are insufficient service providers and lack facilities to make fulfill the minimum standard of OSC in all dimensions.

According to one of key informants, focal person of OSC:

When children experienced and have hearing problem came to OSC, we were find professionals who have knowledge of sign language by pick the victims to school. But, it is very challenging to those teachers on time and to start case management. It also, opens door for other interference

such as Jaarsummaa (out court negotiation). Besides, it's great challenge to give services to beneficiaries due to overload and unavailability some professionals. Similarly, other service providers have double accountability except nurses and social workers. Therefore, the trend challenged both services providers to give full services on time and it also exposes the beneficiaries for further problem.

In similar, one of key informants, 29 years old nurse further elaborated as follows:

There is lack of training on available protocol, policy and guidelines to strengthen one-stop center. Training may change behavior and attitudes of people who are provide services. While service providers have accountability to implement all activities concerned to them, training is important to increase their motivations. In addition, those materials were prepared by English language, whereas it is difficult to understand for some of stakeholders. Not only that, medical certificates were written by English language and it needs further time, energy and cost for translation. Furthermore, financial shortage and lack of commitment of some governmental sectors to made budget for the purpose of child protection among coordinated sectors rather than dependent on non-governmental organization, which is not enough to implement all activities appropriately.

According to both FGD discussants; most of survivors were economically poor and domestic workers with low payment as well some of them street children who are orphans or not know their family. As a result, their needs not only those services, which are health care, legal aids and psycho-social support rather than shelter, sustainable economic strengthening.

The above findings indicates that, One-Stop Center level interventions faces a lot of challenges in responding child maltreatment because of financial constraints, logistics and absence of comfortable rehabilitation center. This means, there were socio-economic challenges face child protection program. Accordingly, those challenges face at different level in responding and preventing child maltreatment. Therefore, adopting a systems approach alone in an emergency does not necessarily lead to a stronger child protection system. Systems strengthening in emergencies require a long-term view that looks beyond immediate protection concerns and the emergency. It also requires basic understanding of pre-crisis systems and protection mechanisms, as well as consideration on how the emergency response can contribute to systems strengthening

during and post-crisis. This has implications for how programs are designed, who should be involved in managing interventions, and funding. Most important, child protection actors should work within existing mechanisms and avoid setting up parallel structures when possible

4.3.2 Family Level Interventions

One of Key informants, social affair expert elaborated the issue as follows:

It's well known, the roles of families were irreplaceable in protecting their children from maltreatment and helping them, when they are abused by others. However, sometimes it is observed when child are abused by their own families. Even if they are abused by others, simplifying the problem, unwillingness to commit their time, energy, cost, etc., and neglecting the treatment are barriers to overcome their difficulties. Not all, but some families believes that child physical punishment were normal while it is completely different from disciplined. As a result, children were double victimized, when they the experienced one of child maltreatment types. In addition, the way families are insights and level of their knowledge about child rights also determines their willingness to help their victimized children. Besides, most of children have not got the service, whereas, they are exposed further problems such stress, health, problems, isolation and so forth. Lack of transparency between families and their children have impact on child and vice-versa.

In similar, 14-year old girls say that:

I was living with my uncle and his family and I have physically abused by wife of my uncle for long time. I was afraid of told to my uncle because I fear as I might cause for conflict of family. I didn't have any option to share my problems. Suddenly, one day one of our neighbors saw while I was crying and asked me what happened to me. Then, I told to her as my uncle wife daily beats me and I am living in difficulties. Finally, she was put me to one stop centers. Now, my uncle is heard all what happened to me for long time by his wife. But, didn't ask me anything and also, we didn't discuss about my life and even, his children.

According to, focus group discussion with women discussants; currently there is behavioral and attitudinal changes at family level in cooperating with child protection programs. But, still child protection is not succeeded due to challenges face the actors, who are working to prevent and

responding child maltreatment from families of abused children. Accordingly, poverty of family is one of barriers to responding child maltreatment. Due to their low socio-economic status they give priority for their hand to mouth income generation, rather than commit their time, energy and cost for helping and put them to one-stop center even though, they have interest to utilize the services. Even if they report the case to the center, they were complaining for how long times it takes for getting services. However, some families but not all are not consider that, process of the getting services pass through, and unavailability of human resources.

One of key informants, 36 years nurse added that:

Poverty is great challenge to overcome the difficulties of abused children appropriately. On one hand, the willingness families to cooperate with one-stop center are low because case management of abused children takes time. Especially, the families who are their life based on wage salary didn't commit their time. Even if they report the case and start gaining the services, they were withdrawn from case management before case closure. Therefore, family poverty is great challenge and which needs solution from governmental and nongovernmental organizations, unless, it is difficult to both beneficiaries and services providers to impalements the program as well as to achieve goals of one stop center.

One of key informants, focal person of OSC further elaborated as follows:

Sometimes, unwillingness of family to commit their time, energy and cost were challenge of one-stop center due to different reasons. These reasons may include poverty and parent substance abuse. Because of their poverty some families were divert the economic support which is provided to victim children in cash and in kind to others. The others might have fatigue to follow up the treatment given to survivors of child maltreatment, whereas some of them were abused their children and tried to hide information. Even if the information heard by other people and reported to one-stop center either abusers or abused were disappeared and hide all information for two reasons. For one thing, if the child abuse is a violation of human right and bring him/her to be suspect. On the other hand, to be innocent in the community while the act is very shameful especially some types of maltreatment such as sexual abuse by family. These all might be great challenge in responding child maltreatment.

A Key informant, 27 years old police officer elaborated the issue as follows:

This is the true story of five years old street child, who have experienced homosexual assault by the man who lived on street. The child has a father but his was unemployed and alcohol abused. As a result, a child hadn't option rather than live on street. As it is well known, the life on the street were so difficult by itself even for those who are teenager, while for this kid it more difficult when it is compared others due to his age. Then, this kid was abused for long period of time by the man who lives on street with him. However, the kid had no family, relatives and any person to whom he told his problem. One day he was sit near to the road and crying, while someone came to him and asked him what happened to him. The after that, he was told her about his entire problem and she taken him to our one-stop center. Then, he has assigned for health care services, paralegal aids and psycho-social support. But, the great challenge was absence of rehabilitation center and care giver for further help to child. Therefore, we were started to find his father as he care for the child by providing him social support in cash and in kind. The father of child was gained and came to take his child and services were provided to him and back to their home. But unsurprisingly the father left the child on street and divert that money given for child to buy his substance abuse consume due to his poverty as well as substance abuse such as chat, alcohol and so forth. Then, the next day one our member officer came up again with child to one-stop center.

According to focus group discussion with men, who are member community conversation committee members, family resistance to collaborate with the program is another challenge in responding child maltreatment. Family resistances to collaborate with child program were occurred for different reasons. For one thing, lack of knowledge about the program and the services provided at one-stop center. They thought the program as the previous process which is difficult to access all services and justices for abused children with coordination and needs more efforts, costs, time and etc. The second, they didn't believe justice system because of corruption, nepotism and bureaucracy. They complain for unsuccessful reported due to lack of witness, disappearance suspected person, by corruption and so forth.

One of key informants, head of Women, Youth and children affairs added that:

The other challenge may family resistance to collaboration with the program due to different reasons. For instance, if abuser is one of family members they resist to collaborate with the program rather hide information and disappear perpetrator. Also, some time the abused children were stay isolated from family at the center for short

period of time for different reasons such as to keep the safety of victim child and if the family start negotiation with perpetrator for out court. As a result they didn't want to keep their children at one stop center.

The above findings indicate that, socio-economic is great challenges in child maltreatment interventions at family level. These challenges may includes; family resistance to collaborate with child protection program; family poverty, and alcohols abuses. This means, some of families resist child program/system because of level their knowledge about child rights whereas, others have doubt on legal bodies due to bureaucracy and corruption. As a result, they prefer to negotiate and take the case to out court. Also, the family resists the collaboration with the program if the perpetrator is member of them. In the case, most family gives value for relationship rather than the victims and they try to hide the case. Further, alcohol abuse is another challenge face child protection system. Mostly, one stop center challenged to reunify the victim children with the family who are alcohol abused, because the child may double victimized. According to Peter (200), besides family poverty, conflict, child labor and so forth, children are ill-treated till today. Similarly, some family may not have interest to follow up frequently because their low economic status. This means, they may laborers and they don't want to lose their wage salary, and their job due to absence.

4.3.3 Social Challenges Facing OSC

4.3.3.1 Social Norms

According to male focus group discussion discussants discussed; social norms are the way of controlling the individual behaviors. Thus, child maltreatment are whether by adults or by children's peers reflects an abuse of power, whether that is the abuse of power by an older, stronger peer or an adult by forcing themselves on a child against their will. In our culture, children are expected to obey elders, often unquestioningly and they are subordinate to adults and an older; thus, there are strong cultural pressures on children to respect their elders' wishes. Child dependence on adults also limits their transparency to with peoples discuss on their problems to escape from violence. For instance, if they go against parental wishes; they try to run away from home and subjected to additional violence. Therefore, it needs to transform norms and culture which, support violence against children through awareness creation by closely working with community, community leaders, and religious leaders and so on. However, there

are resources limitations, lack of commitment in governmental sectors, unwillingness of community to accept changes in their cultures and norms.

One of key informants, head of women, youth and children affairs elaborated the issue as follows:

It's well known, children from poor families are often doubly powerless both as children and as poor people, whose families often depend on patronage relationships for survival. This dependence can increase children's vulnerability to child against children including sexual abuse or exploitation and may reduce the likelihood that parents will seek redress. Perpetrators can often effectively 'buy' victims' silence, or children fear the economic consequences of reporting abuse by victims of VAC and losing a critical source of livelihood.

One of my informants, 15 years old survivor girl elaborated as follows:

My father was died before two years and my mother hadn't income sources. Also, I have brothers and sister who live with my mother and who needs help. Besides, I was dropout from school and employed as domestic worker of someone who are living here in Jimma city. I was sexually abused but I didn't report to any one immediately because of, perpetrator is the brother of my employer. But, one day I was told to my peer and she was report the police without my consent. Still now, I don't gone to accuse him because I have no option of income resources unless, I stay there as domestic worker to help my family. But, if I can't do anything for my family, the will fall in bad situation, due to lack food.

The above findings indicate that, the social norms, values and cultural practice which diminish the acceptance and follows the children and lack transparency between children and community. In addition, children abused because of imbalance power relationships between perpetrators and victims. In addition, As a result, the children exposed to child maltreatment and also, hide their victims due to fear stigma and isolation from the community. Further, another challenges face child protection system is dependence on perpetrators. If the perpetrator is employer the victims may not have option to survive.

4.3.3.2 Child Socialization

According to focus group discussions with women and men discussant discussed; to large degree child hood socialization is the social orientation of child and enculturation within family and neighborhood. This child hood socialization is the process by which learning of the local norms,

beliefs, values and attitudes. Socialization starts from family and neighborhood. In addition, peers, school, community, mass media, and large society were very essential in child socialization.

One of key informants, expert of social affairs said that:

Socialization plays critical role in future of children, hence it is in the home that child learns male to female relationships. Accordingly, child who grow up in good family, learns love, respecting and compassion. In contrast, the child grows up where no peace and respect socialized in to violence.

One of my informants, family of victim, elaborated as follows:

Child socialization in our community by itself may expose to maltreatment. For instance, children socialized to accept the decision elders, guardians and their neighbors rather than challenging them. Also, keep secret may expected as discipline from children and they don't want talk to anyone about their problem. Most, the time girls who have experienced sexual abuse exposed to further problem such as unwanted pregnancy, because of shameful and stigma in the community. Therefore, it needs change this trend of socialization and encourage of children to be transparency and minimize double victimization in the community.

The above finding indicates that, some norms, values, attitudes and practices in the communities may support child maltreatment. For instance, female child victims were highly reported to one-center when it compared with male child victims. But, not to say male child were not experienced child maltreatment, while it is to express that how norms and values support child abuse and highly affect females when compared with male child. Boys learn male domination from their family and neighborhood and internalize this trend in their life. Those, most of perpetrators of child maltreatment were males while high numbers of victims are females for different reasons: first, males have low participation in community intervention in responding child maltreatment. Second, socialization process is a concern of the female and male sexes in aggravating gender inequality and violence.

4.3.4 Cultural Challenges Facing OSC

One of key informant's coordinator of OSC elaborated the issue as follows:

In fact, social attitudes attached to child protection programs were based on the community values and norms among social groups. Hence, the community gives value for cultural practice and social norms rather than formal legal systems and believes their community leaders. Communities' value for child discipline is high. However, the way the children treated is unacceptable in legal protection programs. That means, community believes in child physical punishment as one way of child discipline, while it is impossible as child protection actors. Even, there proverbs that are strengthen the importance of child physic punishment as treatment. The key informant, social affair expert supports this idea and told me this proverb in the community: "*ijoolleefuleetuqoricha (for children stick is matchless treatment)*". This is controversial issue that makes difference between formal child protections and community that great challenge in respond to child maltreatment as well as barriers to transform social norms.

On other hand, focus group discussion with men discussants discussed that; child sexual violence is any act, unwanted sexual comments, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim at any situation, including but not limited to home and work. Sexual abuse takes many forms, including rape, sexual slavery and trafficking, forced pregnancy, sexual harassment, sexual exploitation, forced abortion and so forth. However, there is miss understanding, because harmful cultural practices and some peoples use the proverbs such as: "*galgalli harree kan waraabessaati, galgalli dubaraa ammo kan dargaggeessaati*" (means donkeys are finally eaten by hyenas, while, females are owned by/property of males. As a result, simplifying the problem and excuse crime committed by the communities were challenges the child protection actors in responding child maltreatments including, sexual assault. The same true for early marriage and there confusion in the community as well as pressure the victims to remains their case out court.

One of key informants, 29 years old added that:

Among our community male are valued than females. Even, female is started from birth and it continuous through life course. Most parents prefer to give birth for baby boy than baby girl. This, show that discrimination between male and female starts from the time of delivery. Accordingly, even if child maltreatment is regardless their sex, some traditions, cultural practices, values that support violence can expose the females than males. Also, those social norms that support violence can be challenges child protection/systems in responding VAC.

According to focus group discussion women discussants; there are so many challenges face child maltreatment intervention in our community. One of those challenges is weak community sanctions. The abused children are unable to seek help and the abuser are not stopped, if the wider community do not recognize and appropriately responding child maltreatment. Also,

blaming the victims is another barrier to responding violence against children. In our community, attitudes towards abused children are hostile, disbelieving and victim blaming. This is reflected in greater emphasis placed on criminalization of victim children, especially who have experienced sexual assault, than on dealing with perpetrators. Not only that, even child physical punishment is normal. As a result, the children are blamed when they seek help rather than understanding their problem to responding child maltreatment. There is a common question for children physically punished by some body or family, neighbor, peers, teachers and so forth. This question is, “*what did you do wrong?*” rather than asking their problem. For this reason, the children are hiding their problem and reject communication.

A key informant social worker elaborated the issue as follows:

Most of the children experienced child maltreatment may be unable to talk about victimization in cultures where sexual purity and virginity are strong expectation in marriage ability of girls. In our community culture, revealing one’s victimization can challenges the family honor and being accepted in the community. In regards with reporting broad ranges of issues like physical, sexual and emotional abuses have been reporting to the police, however, there are also community members who hid the child protection issues and cooperate with the perpetrators. The community members use different kinds of communication method to report the child protection concerns like through phone & physical presence/reporting. However, the communities have lost trust of the police and other law enforcing bodies are standing to defend their rights due to corruption and nepotism.

A key informant, 36 years old nurse elaborated the issue as follows:

I can tell you true story of one of my clients who have experienced of sexual abuse. She was 12 years old. When she came to the center and she was very injured and psychologically depressed. I given health care services to her and after progress, I asked her satisfaction to the services. She told me as it was good and she asked me the following question. “The children, who have experienced sexual assault, can get married”? The question was heart touch for me. I was worried all about violence against children. But, I was calm down and gave her counseling and refer her to psychiatrist room. Therefore, attitudes of community towards child abuse may double victimization and makes difficult in responding child maltreatment.

According to a key informant, head of children, youth and women affair at Jimma city, there were various activities conducted to prevent and responding child maltreatment in community.

These activities may be includes, victim identification, providing services, awareness creations and so forth. However, responding child maltreatment challenged by socio-cultural constraints including very high level of tolerance and acceptance of violence against children. As a result, various forms of violence such as, child marriage, physical punishment and negligence are rarely reported to one stop center because of high level acceptance of violence against children in the community. Also, sexual assaults including rape, attempt rape, homosexual were most form violence against children with low rates of reporting considered to be religious, norms and values.

A key informant social affair expert elaborated the issue as follows:

A profound stigma surround sexual abuse resulted exemption from punishment for perpetrators. Therefore, social norms that allow such impunity require interventions that challenge these contexts in comprehensive manner. In addition, community engagement and community mobilization strategies is emerging by child protection program at one-stop center of Jimma University medical, although in limited way logistical challenges of responding child maltreatment and collecting rigorous data appropriately. For further, stigma, fear, secrecy and change the residence create additional barriers to collect data of abused children.

The above findings indicate that, the stigma, isolations, and blaming the victim child in the community challenges child protection system in responding child maltreatment. Children were not allowed to participate in solving their problem rather than accepting the others including family, and guardian's decisions. This may disempowered the child rights to participate in decision making on their problems.

4.3.5 Political Challenges Facing OSC

4.3.5.1 Implementations of Legal Frameworks

One of key informants, focal person of OSC elaborated the issue as follows:

Actually, legal frameworks of child protection are very crucial instrument for safeguarding the rights of children and protecting the violence of children on the condition of at risk labor, exploitation, abuse of power because of the prevalence of child maltreatment: physical

punishment, negligence, economic abuse, emotional abuse and child sexual abuse. Due to the fact Ethiopia ratified the CRC in 1991. Since then, the government has carried out several activities geared towards ensuring the protection and promotion of the rights and welfare of children. The convention was adopted through a national legislation (proclamation No 10/1992). In addition, the African Charter on the Rights and welfare of the child (ratification proclamation No 283/2002) was ratified by government. Further, ILO convention 182 on the worst form of child labor was ratified by government. The children affairs department within the Ministry of Labor and Social Affairs is leading organ to coordinate the implementation of those conventions ratified by government.

One of key informants, regional coordinator added that:

Since 1995 the legislature has given conventional to the rights of children under Article 36(2). Thus, every child has the right to life, to a name and nationality; to know and be cared for by his or her parents or legal guardians, not to be subject to exploitative practices, neither to be required nor permitted to perform work which may harmful to his or her education, health or well-being, without physical abuse and ill-treatment in schools and other institutions responsible for the care of children. Further, the best interest of the child shall be considered in any setting which concerns children undertaken by public and private welfare institutions, courts, administrative authorities or legislative bodies. Moreover, the states shall accord special protection to orphans and shall encourage the establishment of institutions, which ensure and promote their adoption and advance their welfare, and education

According to men focus group discussion discussants; the legal frameworks which are enacted to protect children from violence are not accessible for all. Also, those legal frameworks need to reform because of its limitations in terms of clearness and comprehensiveness. For instance, the cases reported may not successful especially to punish the perpetrators in legal service provision. Therefore, it is difficult to impalements intended prevent and responding child-maltreatment.

The above findings indicate that, different internal conventions including CRC were adopted by the country and part of its laws and regulation. According to Harju (2013), the CRC demonstrates the rights of children in detail and declares as children do not only need care in peace time but from the violence during armed conflict. Also, CRC outlines not only the rights of

children to be protected but, also outlines the obligations of signatory states in protecting the civil, political economic and social rights of children (Walsh, 2011). But, the implementation those legal frameworks were challenged by financial constraint, values, cultural practices which support child maltreatments. Therefore, it needs additional efforts and commitments of all concerned bodies at different levels.

In addition, advocacy and campaigning at macro-level are important activities in responding to child maltreatment. These activities can influence government policy and raise awareness. Accordingly, national child protection system to response violence against children needs legal reform, strategy development and planning, coordination, mapping needs and gaps in services, capacity building, developing services structures and mobilizing to change attitudes and behavior. However, lack of educate resource, lack of political will, lack of strong invest case, and lack of data administrations are most of the challenges to responding child maltreatment. In addition, multi-sectorial response to child maltreatment needs equal participation of those coordinated sectors including, justice sectors, women youth and child affair, health care, UNICEF and education sector. But, lack of equal participation in deploys human resources, fulfill material resources and so on, among coordinated sectors are barriers to success of aimed goal.

4.3.5.2 Policy and Action Programs

According to, one of Key informants, regional coordinator of child protection program; comprehensive policy to addresses multiple forms of violence against children that works across the different settings in which violence occurs, and which includes components for prevention, protection, victim medical, emotional, economical, legal and social assistance, victim rehabilitation and reintegration, and perpetrators interventions. Although, the government have no comprehensive policy, rather than policies and programs which, have VAC among their areas of concern. For instance, the Developmental and Social Welfare Policy (1996) were one of those policies have VAC among area of concern. Although, the overall objective of this policy is to create a social condition conducive to healthy life and sustainable development that will benefit all members of the society, it gives a special attention to vulnerable groups of the society identified as children, women, the youth, the elderly, and the disabled. Concerning the welfare of children, the policy commits to apply efforts to implement all international standards; eliminate

harmful traditional practices with regard to rearing; extend the necessary support and incentive to initiatives for the welfare and development of the child; and create a fertile ground where children in specially difficult circumstances, orphans, abandoned children, and children with mental and physical disabilities get the necessary assistance. It also puts down that all effort shall be made to provide protection against child abuse and exploitation.

One of key informant's head of women, youth and children affairs added that:

Cultural policy is concern on abolishing harmful traditional practices. In Ethiopia, the enormous majority of harmful traditional practices are inflicted on women and children. However, implementation of the policy is not as such running as the magnitude of the problems. To transforms the cultures that support violence's, government and nongovernmental organizations should be work together to abolish those harmful cultures by implementing the policy.

The above findings indicates, currently, the government of Ethiopia has formulated child protection policy for protecting the trauma of variety conditions within children and different formal and informal sectors have also given their contributions for sustaining their natural human rights and the constitutional democratic rights in Ethiopia based on the country's child protection policy, child trafficking, child labor, and child sexual abuse are the chronicle child problems in this country. Also, the national child policy is to keep safety of children and socialize them in good behavior and create safe environment for children. Further, the purpose this policy to enables the child issues as it gets the focus government and non-government, religious institutions, and communities. However, the effectiveness of these policies are questioned because, challenges including, lack of commitment, shortage of financial resources, incompetence's with cultures and social norms.

Further, according to the national action plan for the children (2003-2010), the protection of children against abuse, exploitation and violence involves registration of children at birth, revision of laws, raising awareness about harmful traditional practices, and provision of assistance to children in especially difficult circumstance and reduction of child labor. Also, reducing the miserable poverty in the country is the foundation all progress including improvement of child wellbeing. One of the major challenges for the successful implementation of this national action plan is financial constraint. Moreover, national plan of action against

commercial sexual abuse and exploitation of children in Ethiopia (2005) embraces aspects of prevention, protection, rehabilitation and support.

4.4 Mechanisms to Mitigate Challenges Facing the OSC

One of key informants, coordinator, of OSC elaborated the issue as follows:

In fact, different mechanisms should be devised to mitigate challenges face OSC, in interventions of child maltreatment. First, strengthening and facilitating child protection programs/programs are very important to create conducive environment for both service providers and beneficiaries through equipment of the center and provide additional rooms. At OSC level, there are limitations of budget, office equipment, rooms and so forth. Therefore, among coordinated sectors, we have plan of actions to mitigate those challenges by communicate with other stakeholders in other sectors. One of planned activities is resource mobilizations from both governmental and non-governmental organizations. For instance, we have communicating with administrations of Jimma University Medical Center to get additional rooms which can be used for recovery of survivor of VAC. It is on process, and we hope that they will provide us in short period of time because they were promised to us. In addition, Oromia Health Bureau promised us to build OSC owned building separately from general medical center. Therefore, shortage of office and its facilities will be solved in next year as our plan.

Key informant, social worker elaborated as follows:

It is important that create partnership with other local and international NGOs, faith institutions, which are working on different programs and located in the study area. This can help the program to be effective in terms of financial resource, getting material supports, platform to diffuse its activities that implemented at one stop center. Also, it enables the program to attract voluntary groups and individual, who have interest to serve their community. Further, finding grants which provide financial, materials and human resource should be devised to mitigate challenges face child protection program/system in the study area.

According to focus group discussions with men and women discussants; empowering the families of survivors of violence against children by awareness creation, economic and social support that enables those survivors to recovery from their victims and minimize their double

victims. Another planned activity will be programmed home visiting to follow up their situations and provide additional support based on their needs. In addition, working on prevention will be given prior to reduce the child maltreatment. Accordingly, most of child maltreatment happened by their own families. Therefore, working with families can be solution especially for those who have victimized by their own families. Those, families had responsibilities to protect their children whereas most of them are neglecting them. Child protection systems cannot be successful without participation of families and inclusive the families as much as possible in prevention and responding child maltreatment are devised mechanisms.

The finding indicates that, strengthening child protection systems/programs through budgeting, coordinating and expanding partnerships with all concerned bodies and stakeholders. In addition, empowering families to ensure child wellbeing through awareness creation on parenting style, economic strengthen because families play irreplaceable role in protecting their children.

4.4.1 Community Approach Mechanisms to Mitigate Challenges of OSC

One of key informants, coordinator of OSC elaborated the issue as follows:

In fact, system strengthening in our country has consistently highlighted the importance of building sustainable community based mechanisms. In practice, community protection mechanisms and responses serve as the front line of protection for children. They are essential components for addressing the gap between broader principles and policies and the specific practices on the ground. As more formalized mechanisms are developed, it is especially critical to build on existing mechanisms and practices inclusive of community and kin networks and customary and traditional practices. This is based on the hypothesis that greater levels of coordination between community mechanisms and the wider system potentially lead to greater effectiveness in achieving positive outcomes for children and families.

In similar, one of key informants, expert of social affairs added that:

It is important to incorporating community concepts of child safety and protection insightful of the local context that emphasizes community harmony and the protection of children from problems such as VAC remain a significant challenge for translating broad principles and policies into local action within the local context. This provides the basis for the types of

responses needed (programs and services) and guides the specific job functions for those responding (e.g., workforce inclusive of all community actors, paraprofessionals). This provides ways to incorporate community endogenous practices which are critical elements in system-building and system-strengthening. Community mechanisms give voice to duty-bearers and rights-holders. They reflect local norms, beliefs and attitudes. They contextualize standards and principles by building on existing mechanisms and practices by engaging all stakeholders. Accordingly, increasing community participation in prevention and responding child maltreatment by utilizing indigenous knowledge of local context.

According to focus group discussion with women discussants; recruiting self-help group intervention is our planned activities to response child maltreatment because it is very essential in strengthening child protection system in the community based on their geographic location and known each other. Organizing them under on one group like community conversation committee and so that they can save a small amount of money they can afford based on their salary to increase their social participation in the community they live in, and to support victims of child maltreatment while it happened in their community. Also, they can work on capacity building and awareness creation. The self-help group program is the processes of empowering the poor family who are vulnerable, discriminated, and who live low economic status. It also, creates opportunity to linked with micro-finance institutions and help them involvement economic empowerment. Otherwise, due to family poverty and poverty in the community, it is difficult to solve multi-dimensional problem of children and improve their well-being

In similar, one of key informants, regional coordinator further elaborated as follows:

The key determinants to consider are community ownership and support of traditional leaders, the use of existing resources that are coordinated and linked with the formal and non-formal structures. These approaches serve to address and manage issues of power and diversity through participation and inclusiveness. And where resources are scarce, it is even more critical to incorporate protective endogenous practices that can strengthen the national system and a more realistic distribution of resources. Also, where governments are limited in their ability to fulfill its duties, community mechanisms may support and supplement government capacity. Therefore, linking indigenous knowledge and formal systems another planned activity. For instance,

strengthening the family support is where there is the potential link between the formal and non-formal system.

Furthermore, one of key informants, Doctor elaborated the issue as follows:

Different legal instruments, policies, programs and projects will be implemented by strengthening child protection systems by allocating budget, facilitating equipment for those implementation partners, which are work together at one stop center. By split the policy into different programs such as sexual abuse prevention programs, physical punishment, and child neglect. Accordingly, encouraging different sectors participate on policy implementations and play their roles. Those institutions include: parents and family members, school teachers, peers and friends, health care providers, legal aid providers, police or security personnel in the city or in the office, any one whom the survivor perceives can be of assistance and the like. All actors who are approached by victim violence for assistance have a duty to provide objective and comprehensive information to the survivor on services available in the community. The actor may refer the victim to service providers as per the referral system put in place and the existing system in that location, including health, psycho-social and legal services.

The above findings indicate that, local community structures are critical for implementation of child protection programs, yet there is little information on how they are working with one stop center. As a result, it is essential to strengthening community structures and creating platforms of child protections. For instance, recruiting child welfare committees in the local communities would have the potential to greatly fulfill the gap child protection systems/programs. One stop center has programmed to work with these local structures, so a key component of the local child protection mechanism able to protect them and others by identifying, reporting and referring cases of abuse one stop center. Child protection committees consisting of community members including parents, teachers, local government workers and children are beginning to appear to make a difference. Therefore, empowerment of communities, awareness raising, child participation and strong partnership with government and civic-society are our planned activities to strengthen child protection and create platform for prevention and responding of child maltreatment.

Chapter Five: Discussion of the Finding of Study

With regarding to child protection program the ecological systems theory explain environment as context of development i.e. as to how components in child's environment contributes to their protection and also how it affects their growth and development. The principles of ecological system theory also proposes different levels environment as micro, meso and macro systems (Plan India, 2008). Ecological system theory suggests that, due to the nature of interactions among individuals, family or groups that make up the system that should be studied to understand how to insure child rights as well as building child protection system blocks (Straus, 1973). This means, absence or poor functioning one components of child protection system can affect the respond to child maltreatment. Besides, the theory assumption is how children interact with their environment where they live play, move and so forth at micro level. Further, it contextualizes how children react to the wider community and it consist attitudes, ideologies, values and so forth.

As I had discusses with the participants of the study; I realized that the comprehensive service provided to the survivor of child maltreatment were create platform for service providers and also, it is indicators of strengthening child protection program at study area. Especially, the presence of one stop center by itself is great opportunity for those beneficiaries with its shortcomings. The research conducted by Davis (2011), support this study findings by suggests that, in order to ensure the existence of more effective and efficient child protection response it is to actively promoting various systems of protecting and strengthening children's wellbeing. The victimized children have got at least those three core services including medical, legal and psycho-social support free charge and save their life from extra violence. As much as possible, the program also challenges cultures, harmful traditional practice and social norms which support violence against children through awareness creation at different community levels.

During my discussion with different stake holders of child protection program/system like practitioners, family of survivors victims of child maltreatment, community conversation committee and so on, all their assumptions indicates that responding child maltreatment and protecting the children living in the study area from violence needs comprehensive child protection program at different levels, which clearly conform with ecological perspective. According to a call to action (2013), strengthening the blocks child systems lead to better

prevention, protection and responses to violence against children and eventually better outcome for them. Also, from its nature the victims of child maltreatment needs more services like health services, psycho-social support, legal aids and so forth. Therefore, these all services may not provide to victims violence against children neither single sector nor single profession, whereas, it needs cooperative of different disciplines perspectives like health professions, lawyers, social workers, police officers and so forth. However, child maltreatment has a multifaceted in nature and the challenges face the child protection programs/systems also beyond one issue.

Accordingly, this study revealed that there are uncountable challenges face child protection program, at study area. Accordingly, family poverty is one of those the constraints of child protection program in respond to child maltreatment at OSC, because most of most the victims were from families living low economic status. So that, sometimes comes over the capacity of the center as well as it is difficult to address whole problem of them due to finance and facility limitations. Poverty challenges service provided to victims of child maltreatment beyond family level and it is great barrier at community and governmental level due to lack of budgets for CPU. In addition, harmful cultures, values, and beliefs are enormous challenges face child protection in study area. In similar, assessment conducted by WHO (2009), also conform cultures and social norms are challenges the child protection programs/systems at different levels of communities.

The research conducted by Tsagaye Deda (2011) support the findings this study, in Ethiopia problem of child maltreatment and abuse has been rampant, prevails in all communities and settings. It threatens almost all children and happens to most children in its varied forms. It has been influenced by complex factors such as poverty, illiteracy, harmful cultural practices, and absence of proper systems for birth and death registration and certification. There is no clear evidence whether the general trend of the problem is declining. In contrast to his finding that absence integrated services in the country, this research revealed as recently comprehensive model and integrated services were started and OSC of Jimma University medical Center also part of it. Besides, there is progress on collaboration of different government, civic society and wider communities to solve child problems including child maltreatment.

Furthermore, during I had discusses with participant of this research, I have realized that government intervention is low in terms financial support, rather than divert its responsibilities to civic society and nongovernmental organizations to address child problems and strengthening

child protection systems. Regarding with policy formulation, reform of legal instruments, update guidelines to clarify for child protection stake holder of compressive service providers as well as wider communities, lack of commitment from policy maker, government, and actors of child protections. While, working on child protection needs more facilities to provide full services based on the child needs including making comfort work environment, most of child protection programs are not fulfill minimum standard of OSC. For instance, comprehensive service model which located in Jimma University medical center not fulfill minimum standards of OSC in terms human resources, materials, rooms and rehabilitation center. Therefore, it is great challenges to provide services to victims of child maltreatments as well as improve well-being of children. Further, the government has responsibilities to strengthens child protection programs/systems to address child maltreatments.

On the other hand, media campaigns help to keep child protection issue on social and political agendas, legitimize community interventions and act as catalyst for different stakeholders initiatives. Research conducted by WHO (2009) revealed that, media campaigns increase the amount of information available on the topic and it is one of the strategies to reduce undesirable behavior and to change cultural and social norms that support child maltreatment.

Finding of this study revealed that, media campaigns convey messages about child maltreatment to the broad population via television, radios, newspaper, and printed materials. But, it needs financial resources to buy air time to transmit messages, while there is luck financial to do that, at different levels. Even if it the program was starts at regional level, its sustainability is challenged due to lack of financial limitations. Most of media in the country are focus on entertainments rather than giving coverage for child protection systems. For instance, preparing drama, and short play on Medias, can transmit strong message to prevent and response to child maltreatment. As result, media campaign should be devised as one component whole activities of child protection programs/systems.

This study shows that, regarding legal frameworks and policies, Ethiopia has enacted different legal and policy instruments to insure rights children. Also, different international policies and convention including CRC were ratified by the country. But, the effectiveness of these policies was not successful as intended due to different reasons. These reasons are; lack of political commitment, shortage of financial resources, incompetence's with cultures and social norms.

Regarding with mechanism that should be devised to mitigate those challenges child protection program/system in the study area; the coordination between sectors should be strengthened. While, I had discussed with research participants, I realized that empowering and capacitating the families of victims children who live in poverty may solve the children with consistency. Fulfilling the minimum standard of one stop center is also important to provide sustainable services to beneficiaries. While, convincing both government and nongovernment organizations for strengthening child protection system in study area is one way by advocacy and community mobilizations to generate financial resources as well as awareness creation related to the topic.

Furthermore, transforming culture and social norms that support violence is also essential to respond to child maltreatment. Accordingly, changing harmful traditions, beliefs, and values has a positive impact on prevention and responding to the problem. In addition, using a community approach may be another mechanism. For instance, recruiting self-help groups, expanding community conversations, and involving all *ganda* (small unit administrative structure in the country) of the city administration and so forth.

Moreover, enacting legal frameworks, policy formulations, and ratifying different international conventions may not be enough to strengthen child protection programs/systems. It needs commitment to reform laws, regulations, and policies which are enacted. Also, monitoring and evaluations of those laws and policies and their implementation should be devised at different levels of government bureaucracy.

Chapter Six: Conclusions and Recommendations

6.1 Conclusions

The purpose of this study is to realize the challenges and opportunities of child protection system/program and to suggest ways to strengthening one stop center at study area. This study is designed to focus on concrete actions in responding child maltreatment for child protection systems/program strengthening. Medical services, Psycho-social support and legal aids are the core services provided by one-stop center.

In conclusion, there are opportunities of child protection system/program at different levels. These opportunities are accessibility of one-stop center and free charge services to beneficiaries, and availabilities of protocol, guidance and so forth. In addition, there enough professionals assigned from different coordinated sectors. Regarding with commitment of service providers, there is progress due to initiation of the programs at different level through training, monitoring and evaluations. Partially, the child protection program/system in the study area solving the problems children related to child maltreatment. Currently, involvement families of survivors, in interventions child maltreatment are in progress especially in revealing data. Further, community level intervention by recruiting community conversation committee, awareness creations and so forth. The availability of legal instrument, child policies and media at macro-level interventions are opportunities.

Finding of the study revealed that, one of challenges faces child protection program/system in the study area is poverty. Even, one stop center undertaken to conduct this study in not fulfill the minimum in terms of offices, rehabilitation center, human resources and so forth. Because of scarce resources it is difficult to whole problem of children in short period of time, whereas, it need more time and energy. However, most families of victims of child maltreatment were poor and they can't improve sustainable safety for them. Even, some of them didn't commit their time and energy to put victims at one stop center, because their income is wage based and if they absent the job, they lose their needs. As a result, they give priority to income to survive themselves and their children. Also, they divert the services provided to victims especially, when they are support in cash. Poverty is not limited family level, while it is huge problem of

developing countries and obstacle in child protections. For instance, lack of budget and insufficient material support from government is because of poverty.

On the other hand, social norms, values, beliefs and cultural practices which support violence are another challenge face child protections program/system in the study area. Also, weak community coordination is another challenge to prevent and response to child maltreatment. As a result, it needs more effort to change the trend from roots and also actively participation of whole community, stake holders, civil society and government organization.

Furthermore, in terms policy environment and utilization media campaigns, the government have responsibilities to address child maltreatment by any means. Therefore, government should play its role model by formulate comprehensive child policies, reform the available laws and regulation related to the topic, whereas, there is low interference government and depend on the humanitarian organizations especially regarding to budget allocations. Even, sometimes the government diverts the fund donated by different grants.

Regard with media coverage, in our country the use media and its focuses are not matched. As far as, my understand both media worker and owners have the responsibility in revealing wider community and advocating for vulnerable group and training mass through media campaigns. However, our Medias are not sensitive as such, when it compare with the magnitude of the problem. Most of their air times were wasted entertainments programs such as sport news and analysis. Therefore, the government and mass Medias should give priority for this enormous problem.

6.2 Recommendations

Based on the finding of the study and the literature reviewed I recommend the following all whom it concerns:

- In order to strengthening one stop center, there should be active participation of all actors of child protection program/system including city administrations.
- Regarding to building standardized rehabilitation center of OSC, all actors should commit their time, energy, and doing their best to convince the city administrations, civil society and any voluntary body, institutions including religious one.

- Government should be allocating budget rather than dependent on nongovernment organizations.
- All coordinated sectors should have allocated budget for child protection based their capacity to strengthen one stop center and address child maltreatment.
- More prevention works should be applied by stakeholders, government, nongovernment organizations, religious institutions and so forth, in the study area.
- Continuous and consistent of community conversation should require to extensively use the community participation in child protection program/system response to child maltreatment at study area.
- Genuine participation of children should be in all the activities of community approach mechanisms to response child maltreatment.
- Capacity building for professionals work on child protection program through training should be provided to increase their knowledge related to the issue.
- Mass media agents should give coverage to awareness creation in wider community and work advocacy for vulnerable groups and provide information supported by evidence from academic researches related to child protections.
- Government should appropriately implement those legal frameworks, policies enacted and international conventions ratified by the country.
- Furthermore, government should allocate sufficient budget and employ enough human resources to appropriately implement those policies, convections and legal frameworks. Also, reform the available, guidelines, legal frameworks based on its importance.

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APPENDICES

Appendix 1: Key Informant Interview Guide with Stakeholders

Informational statement read by the interviewer:

Today we would like to talk to you about the services provided by one-stop-center for the survivor of violence against children as well as challenges and opportunities of child protection system/program in responding child maltreatment. Also, the mechanism used to cope up the challenges by one-stop-center. This study is conducted in Jimma City, particularly at one-stop-center in Jimma University Medical Center. You have been selected for the interview because you have been involved in the operation of the one-stop-center.

Note to the facilitator:

After completing informed consent procedures, the interviewer will conduct a semi-structured discussion with the key informant using the following question as a guide. Prompting questions will be used to elicit an open-ended response, which can then be directed using probing questions as needed.

The Note taker should include the following information at the beginning of each session's transcript.

Interview Date	____/____/____ DD MM YY
Informant type (circle letter)	a. OSC Program Coordinator b. OSC Program Case manager c. Health facility head d. Doctor e. Nurse f. Paralegal g. Counselor h. Police Officer (investigator)

	i. Judge j. Social affair expert k. Gender expert
Location of interview	
Start time	____/ ____ HH MM
End time	____/ ____ HH MM

1. Are you familiar with the OSC at Jimma University medical center?
2. What are the core services provided at the OSC that you are the most familiar?
3. Is there any challenges face child protection in terms of economic at OSC of Jimma University medical center?
4. What opportunities are available to strengthen one-stop-center at the study area?
 Probe (at the center level) e.g. accessibility of the center to the beneficiaries, availability of clear rules, regulations or guide line to implement the program, availability of both human and material resources to provide the services required to respond to the needs of abused children...etc , (at family level) e.g. the availability, willingness and commitment of the family members to help the abused children to use the services provided by OSC properly, the suitability of the child's home environment to prevent the child from further abuse....etc, (at community level) e.g. the existence of community structure(social values, norms, beliefs, attitudes and practices) to support OSC, acceptance of the services(the program) among the community, availability of community resources required for the implementation of the program(OSC), existence of both traditional and formal community organization to mobilize resources required to support the implementation of such program, availability and commitment of partner organizations operating in the community to implement the program..etc, (at macro level e.g. Availability of government

- policy(institutions), program or pan of actions that support the implementation of such program, media,
5. What are the challenges of one-stop-center program at the study area? Probe (at the center level): Unavailability of the required human and material resources, clear rules, regulation or guidelines, inaccessibility of the center...etc (at family level): unwillingness to commit their resources (time, energy...etc to support the program) poverty, family abusive behavior related to drug and alcohol use, family resistance to collaborate with the program to help the abused children, improper utilization of resources(services) provided for abused children, child socialization, dependency on the program for everything...etc(at community level): incompatibility of the services(program) with the community value, norms and practices, unavailability of community organization to needed to support the program,etc (at macro level):unavailability of conducive policy environment...etc.
 6. What mechanisms do you think should be devised at different levels to mitigate the challenges of the OSC program?
 7. How successful do you think this OSC has been in meeting all the different needs of VAC survivors in a coordinated, comprehensive manner? Do you have anything else to add? Thank you for your time and valuable contributions.

Appendix 2: In-depth Interview Guide for Survivors and Family

Informational statement read by the interviewer:

Thank you for agreeing to speak with us today. I am conducting challenges and opportunities of one-stop centers (OSC) that provide care to survivors of violence against children. The general objective of this study is to investigate challenges and opportunities of child protection systems of OSC in Jimma University medical center. As someone who received services from this center, your opinion is very valuable to us.

Today I am going to ask you questions only about the services you received from the OSC and the challenges you faced through gained services, and not about the Violence you experienced. If at any time these questions become too difficult to answer, you are welcome to end the interview.

Note to the facilitator:

After completing informed consent procedures, the interviewer will conduct a semi-structured discussion with the survivor using the following questions as a guide. Prompting questions will be used to elicit an open-ended response, which can then be directed using probing questions as needed.

The note taker should include the following information at the beginning of each session's transcript.

Interview Date	____/____/____ DD MM YY
Informant type (circle letter)	a. VAC survivor b. Parents of VAC survivor
Gender	____/
Age of survivor	____/
Note taker name	
Location of interview	
Start time	____/____ HH MM
End time	____/____ HH MM

1. Now, if it's ok with you, would you like to begin by talking about your first visit to one stop center?
2. When you arrived at OSC, what are the types services you have been gained?

3. What are the challenges of one-stop-center program at the study area? Probe (at the center level): Unavailability of the required human and material resources, inaccessibility of the center...etc, (at family level): unwillingness to commit their resources (time, energy...etc to support the program) poverty, family abusive behavior related to drug and alcohol use, family resistance to collaborate with the program to help the abused children, improper utilization of resources(services) provided for abused children, dependency on the program for everything...etc, (at community level): incompatibility of the services(program) with the community value, norms and practices, unavailability of community organization to needed to support the program,etc (at macro level): unavailability of conducive policy environment...etc.
4. What opportunities are available to strengthen one-stop-center at the study area? Probe (at the center level) e.g. accessibility of the center to the beneficiaries, regulations or guide line to implement the program, availability of both human and material resources to provide the services required to respond to the needs of abused children...etc , (at family level) e.g. the availability, willingness and commitment of the family members to help the abused children to use the services provided by OSC properly, the suitability of the child's home environment to prevent the child from further abuse....etc, (at community level) e.g. the existence of community structure(social values, norms, beliefs, attitudes and practices) to support OSC, acceptance of the services(the program) among the community, availability of community resources required for the implementation of the program(OSC), existence of both traditional and formal community organization to mobilize resources required to support the implementation of such program, availability and commitment of partner organizations operating in the community to implement the program..etc,
5. What mechanisms do you think should be devised at different levels to mitigate the challenges of the OSC program?

Appendix 3: Focus Group Discussion Guide

Informational statement read by the interviewer:

Thank you for agreeing to discuss with us today. I am conducting challenges and opportunities of one-stop centers (OSC) that provide care to survivors of violence against children. The general

objective of this study is to investigate challenges and opportunities of child protection systems of OSC in Jimma University medical center. As someone who is member of community surveillance and participated in awareness creation on the prevention of violence against children, your opinion is very valuable to us.

Today I am going to ask you questions only about the services provided as well as opportunities and challenges face service providers for VAC survivors at OSC. If at any time these questions become too difficult to answer, you are welcome to end the interview.

Note to the facilitator:

After completing informed consent procedures, the interviewer will conduct a Focus group discussion with community surveillance using the following questions as a guide. Prompting questions will be used to elicit an open-ended response, which can then be directed using probing questions as needed.

The note taker should include the following information at the beginning of each session's transcript.

No	Name	Age	Sex	Religion	Education	Occupation
1						
2						
3						
4						
5						
6						
7						
8						

1. Are you familiar with the OSC at Jimma University medical center?

2. What are the core services provided at the OSC that you are the most familiar?
3. Is there any challenges face child protection program in terms of economic at OSC of Jimma University medical center?
4. What opportunities are available to strengthen one-stop-center at the study area? Probe (at the center level) e.g. accessibility of the center to the beneficiaries, availability of clear rules, regulations or guide line to implement the program, availability of both human and material resources to provide the services required to respond to the needs of abused children...etc , (at family level) e.g. the availability, willingness and commitment of the family members to help the abused children to use the services provided by OSC properly, the suitability of the child's home environment to prevent the child from further abuse....etc, (at community level) e.g. the existence of community structure(social values, norms, beliefs, attitudes and practices) to support OSC, acceptance of the services(the program) among the community, availability of community resources required for the implementation of the program(OSC), existence of both traditional and formal community organization to mobilize resources required to support the implementation of such program, availability and commitment of partner organizations operating in the community to implement the program..etc, (at macro level e.g. Availability of government policy(institutions), program or pan of actions that support the implementation of such program, media,
5. What are the challenges of one-stop-center program at the study area? Probe (at the center level): Unavailability of the required human and material resources, clear rules, regulation or guidelines, inaccessibility of the center...etc, (at family level): unwillingness to commit their resources (time, energy..etc to support the program) poverty, family abusive behavior related to drug and alcohol use, family resistance to collaborate with the program to help the abused children, improper utilization of resources(services) provided for abused children, dependency on the program for everything...etc(at community level): incompatibility of the services(program) with the community value, norms and practices, unavailability of community organization to needed to support the program,etc (at macro level): unavailability of conducive policy environment...etc.

6. What mechanisms do you think should be devised at different levels to mitigate the challenges of the OSC program?

Appendix 4: Lists of Participant in This Research

Lists sectors	Number of participants
Jimma University Medical Center	Three Key Informants
Jimma city, Attorney General Office	Three Key Informants
Jimma city, Women, Youth and Children Affairs Office	One Key Informant
Jimma city, Social Affairs Office	One Key Informant
Jimma city, Police Officer	Two Key Informants
Regional Coordinator Of Child Protection Program	One Key Informant
Community Conversation Committee members	Twelve Participants in two FGD
Family and Survivors	Three informants

Appendix 5: Statement of Informed Consent

I, _____ am requested to be part of the study conducted by Gutema Chimdi, on challenges and opportunities of Child protection system in responding child maltreatment: the case of one-stop-center at Jimma University medical center.

I realized the general objective of this study is to investigate challenges and opportunities of child protection systems of OSC in Jimma University medical center are working together to ensure the best interest of the child. My opinions and views discussed in this discussion will be used only for this study and will be confidential. Any personal identification like name and the like will not be included in the report of the study. I also understands that as a participant, my participation in this study is voluntarily and I have the right to withdraw from the Interview process at any time. Signing in this document, I voluntarily consent to be interviewed as a participant in this study.

Signature of Participant Date

Signature of Researcher Date
